

RECEIPTS and DISBURSEMENTS REPORT

DIVISION CSD		TYPE OF FUND INMATE WELFARE FUND-UPDATE		MONTH JANUARY	YEAR 2021
DATE	ITEM AND EXPLANATION		AMOUNT	TOTAL	
BEGINNING BALANCE					
1/1/21	BANK BALANCE WELLS FARGO BANK [REDACTED]			\$946,873.62	
			<u>DEPOSITS IN TRANSIT</u>	\$0	
			<u>OUTSTANDING CHECKS</u>	\$ 349.00	
			TOTAL	946,524.62	
RECEIPTS THIS MONTH					
1/11/2021	PARTNERS FOR A SAFER AMERICA		\$250,000.00		
1/12/2021	PARTNERS FOR A SAFER AMERICA		\$91,925.00		
1/19/2021	Reversal Check #1976 IWF 21-001		\$321.66		
1/31/2021			TOTAL	\$342,246.66	
			BEGINNING BALANCE PLUS RECEIPTS	\$1,288,771.28	
DISBURSEMENTS THIS MONTH					
1/12/2021	Check #1976 DIRECTV		\$321.66		
1/12/2021	Check #1977 FASTSIGNS		\$658.10		
1/12/2021	Check #1978 RKM COMMUNICATIONS		\$1719.23		
1/12/2021	Check #1979 CULINARY DEPOT		\$7404.82		
1/12/2021	Check #1980 RKM COMMUNICATIONS		\$337.50		
1/13/2021	Check #1981 CULINARY DEPOT		\$2841.53		
1/13/2021	Check #1982 PRECISION DYNAMIC CORP		\$9273.88		
1/15/2021	Check #1983 1-800-WHEELCHAIR.COM		\$480.00		
1/21/2021	Check #1984 DIRECTV REPLACEMENT CHECK		\$321.66		
1/28/2021	Check #1985 RKM COMMUNICATIONS		\$1493.78		
1/28/2021	Check #1986 GUARDIAN RFID		\$12,500.00		
	WELLS FARGO SERVICE FEE		45.17		
			TOTAL	\$37,397.33	
				\$1,251,373.95	
ENDING BALANCE					
1/31/2021	BANK BALANCE			\$1,278,633.80	
			<u>DEPOSITS IN TRANSIT</u>	\$0	
			<u>OUTSTANDING CHECKS</u>	\$27,259.85	
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)				
			TOTAL	\$1,251,373.95	
DIVISION COMMANDER [REDACTED]		DATE 5/12/2021	AUDIT COMMITTEE JEFF WONG N2799 DAWN KELLEHER G8361 [REDACTED]	PREPARED BY DO M. CARTER N3754 [REDACTED]	
ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division				TELEPHONE EXTENSION [REDACTED]	

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER	
01/05/2021		DirecTV				IWF- 21-001	
Submitted by:		Serial No.		Assignment:		Phone:	
D.O. Camarena		N4206		MJS/CSD			
Type of Expenditure:		Facility		Section O/C Approval Signature:		Serial No.	
<input checked="" type="checkbox"/>	REOCCURRING	X	MJS	AREAS		32705	
	NEW		77TH	ALL	Admin Section Review Signature		
	OTHER (explain below)		VJS	OTHER (explain):			

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

DirecTV Invoice #018835073X210102, monthly payment for TV service.

Justification for expenditure (how will the expenditure benefit inmates):

TV service for arrestees in housing units per Title 15.

Reason City resources were not used for expenditure:

Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates.

Estimated Cost:	\$321.66	Actual Cost:	\$321.66	City Approved Vendor:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name	Contact	Phone:	Estimate:
1 DirecTV	Customer Service	888-388-4249	\$321.66
2			
3			
Vendor Selected:	DirecTV	Reason Selected:	<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved	Commanding Officer / Fund Chair:		Serial No.:	Date:
<input type="checkbox"/> Denied	Openino Camarena		26288	01/12/2021
<input checked="" type="checkbox"/> Approved	Member Name:		Serial No.:	Date:
<input type="checkbox"/> Denied	Sgt 11 B. Valle		35110	11/12/21
<input checked="" type="checkbox"/> Approved	Member Name:		Serial No.:	Date:
<input type="checkbox"/> Denied	S.YIN		36468	12/05/2021
Required if Over \$40,000	Commanding Officer, SSM:		Serial No.:	Date:
<input type="checkbox"/> Approved				
<input type="checkbox"/> Denied				
Required if Over \$50,000	Commanding Officer, ASB:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved				
<input type="checkbox"/> Denied				

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:				CONTROL NUMBER
1/6/21	Fast Signs				INW 21-002
Submitted by:	Serial No.		Assignment:	Phone:	
Allen Hayden	N4461		77th RJS		
Type of Expenditure:	Facility		Section OIC Approval Signature:	Serial No.	
<input type="checkbox"/> REOCCURRING	<input checked="" type="checkbox"/>	MJS	<input checked="" type="checkbox"/> AREAS		
<input type="checkbox"/> NEW	<input checked="" type="checkbox"/>	77TH	<input type="checkbox"/> ALL	Admin Section Review Signature:	
<input checked="" type="checkbox"/> OTHER (explain below)	<input checked="" type="checkbox"/>	VJS	<input type="checkbox"/> OTHER (explain):		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):

(12) Aluminum Signs / designs and set up fees, concerning Penal Code 2028(a) and 4023.6(a). Quote/Estimate total \$658.10. This quote does not include installation (which can be requested from GSD).

Justification for expenditure (how will the expenditure benefit inmates):

At the direction of Captain Gary Newton, he requested the vendor, FastSigns, to provide a quote for 12 new aluminum bilingual signs. There will be (2) signs placed at each Regional and Area jails. The signs are required to meet the 2021 legislative changes to above penal code sections regarding an incarcerated person who is pregnant and their rights to medical treatment. The law requires the information to be displayed in an area where an inmate may be able to read them.

Reason City resources were not used for expenditure:

There are no City funds for this purchase.

Estimated Cost:	\$658.10	Actual Cost:	\$658.10	City Approved Vendor:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name	Contact	Phone:	Estimate:
1 FastSigns	Sheldon Gifford		\$658.10
2		- -	
3		- -	

Vendor Selected:	FastSigns	Reason Selected:	<input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other
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DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>Orlando Chandler</i>	Serial No.:	Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>GARY NEWTON</i>	Serial No.:	Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt 11 B. Valle</i>	Serial No.:	Date:
Required If Over \$10,000	Commanding Officer, SSG: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Serial No.:	Date:
Required If Over \$50,000	Commanding Officer, ASB: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Serial No.:	Date:

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
12/15/2020	Replacement of 100 Security CCTV CPU			JWF 21-003
Submitted by:	Serial No.		Assignment:	Phone:
D.O. Marie Graham	N3073		CSD/VJS	
Type of Expenditure:	Facility		Section OIC Approval Signature:	Serial No.
REOC CURRING	MJS	AREAS		27583
X NEW	77TH	ALL	Admin Section Review Signature	
OTHER (explain below)	X VJS	OTHER (explain):		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

Upgrade CCTV CPU in [REDACTED] to Vostro 3000 Desktop, 9th gen IntelCore i7-9700 (8-core, 12mb Cache, up to 4.7GHz with intel Turbo Boost technology. Installation of Verint Hardware.

Justification for expenditure (how will the expenditure benefit inmates):

This is an older CPU, it is not working well with the windows 10 upgrades and i3 processor. This CPU is no longer able to perform video live view, there are skips and delays. Presently there is a loaner CPU in place. The new computer will be able to work well with Windows 10 platform and have a i7 processor. The new CPU will assist in the monitoring of the arrestees housed in [REDACTED] assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with department roles.

Reason City resources were not used for expenditure:

Expenditure was not included in the City's budget and directly benefits arrestees.

Estimated Cost:	1719.23	Actual Cost:	1719.23	City Approved Vendor:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name		Contact	Phone:	Estimate:
1 R.K.M Communications		Robert Martin		1719.23
2				
3				
Vendor Selected:	R.K.M. Communications		Reason Selected:	<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>David Chandler</i>	Serial No.:	Date:	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Gray Norton</i>	Serial No.:	Date:	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt II B. Value</i>	Serial No.:	Date:	
Required If Over \$40,000	Commanding Officer, SSO:	Signature:	Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required If Over \$50,000	Commanding Officer, ASB:	Signature:	Serial No.:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				Date:

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(S) REQUESTED:			CONTROL NUMBER
12/23/20	Electric Convection Oven			FWF 21 004
Submitted by:	Serial No.	Assignment:	Phone:	
Allen Hayden	N4461	77th RJS		
Type of Expenditure:	Facility	Section OIC Approval Signature:		Serial No.
<input type="checkbox"/> REOCCURRING	<input type="checkbox"/> MJS	<input type="checkbox"/> AREAS		
<input checked="" type="checkbox"/> NEW	<input checked="" type="checkbox"/> 77TH	<input type="checkbox"/> ALL	Admin Section Review Signature:	
<input type="checkbox"/> OTHER (explain below)	<input type="checkbox"/> VJS	<input type="checkbox"/> OTHER (explain):		

Description of expenditure (include detailed information, i.e., make, model, accessory equipment, size, installation requirements, etc.):

Culinary Depot Quote / Job Reference Number: 71328 (attached); Hobart Convection Oven HEC501-480v Ph3, with three year extended warranty, additional lift gate delivery fee and sales tax.

Justification for expenditure (how will the expenditure benefit inmates):

Hobart model HEC501-480v is the modern replacement for the current B/O oven at 77th Regional Jail; Stainless steel full size, single deck, 500 degree temperature, 60 minute timer, 2 speed fan, 480 volts, Phase 3 electrical. The oven is used to heat inmate meals to required temperatures before being served. Extended warranty is for 3 years past 1 year standard warranty for parts, labor, and travel. Lift gate fee for delivery to 77th RJS (which has no accessible loading dock). Culinary Depot was selected based on past business dealings, after considering multiple other brand ovens and price.

Reson City resources were not used for expenditure:

There are no City or Department funds allocated for this expense.

Estimated Cost:	\$7,404.82	Actual Cost:	\$7,404.82	City Approved Vendor:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name	Contact	Phone:	Estimate
1 Culinary Depot	Pnina Massoth		\$7,404.82
2			
3			
Vendor Selected:	Culinary Depot	Region Selected:	<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>Orlando Chandler</i>	Serial No.: <i>26286</i>	Date: <i>01-04-21</i>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Gary Newton</i>	Serial No.: <i>47016</i>	Date: <i>01-04-21</i>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt II B. Valle</i>	Serial No.: <i>35110</i>	Date: <i>01-04-21</i>
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, SSG: <i></i>	Signature:	Serial No.: <i></i>
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB: <i></i>	Signature:	Serial No.: <i></i>
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			Date:

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(S) REQUESTED:			CONTROL NUMBER
12/30/2020	Service Call [REDACTED]			IWF 21-005
Submitted by:	Serial No.	Assignment:	Phone:	
D.O. Marie Graham	N3073	CSD/VJS	[REDACTED]	
Type of Expenditure:	Facility	Section OIC Approval Signature:	Serial No.	
REOCCURRING	MJS	AREAS	27583	
X NEW	77TH	ALL	Admin Section Review Signature:	
OTHER (explain below)	X VJS	OTHER (explain):	[REDACTED]	

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

[REDACTED] PDO Rodriguez obtained authorization for RKM Communications dispatch [REDACTED] from Captain Chandler.

RKM recycled camera system, and reloaded software all cameras came back up, adjustments made on one camera for focus.

Justification for expenditure (how will the expenditure benefit inmates):

The expenditure was necessary for Jail Personnel to have access to live and recorder Video feed to help ensure better employee compliance with department roles.

Reason City resources were not used for expenditure:

Expenditure was not included in the City's budget and directly benefits arrestees.

Estimated Cost: 337.50 Actual Cost: 337.50 City Approved Vendor: Yes No

List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name	Contact	Phone:	Estimate:
1 R.K.M Communications	Robert Martin	[REDACTED]	337.50
2			
3			

Vendor Selected: R.K.M. Communications Reason Selected: Price City Vendor Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>Orlando Chandler</i>	Serial No.:	Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt II B. Valle</i>	Serial No.:	Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>GARY NEWTON</i>	Serial No.:	Date:
Required if Over \$10,000	Commanding Officer, SSO:	Signature:	Serial No.:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			Date:
Required if Over \$10,000	Commanding Officer, A&B:	Signature:	Serial No.:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			Date:

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
11/06/2020	Reach-In Freezer			IWF 21 - 006
Submitted by:	Serial No.	Assignment:	Phone:	
Allen Hayden	N4461	77th RJS		
Type of Expenditure:	Facility	Section OIC Approval Signature:	Serial No.	
<input type="checkbox"/> REOCCURRING	<input type="checkbox"/> MJS	<input type="checkbox"/> AREAS	[Signature] 5984	
<input checked="" type="checkbox"/> NEW	<input checked="" type="checkbox"/> 77TH	<input type="checkbox"/> ALL	Admin Section Review Signature: [Signature]	
<input type="checkbox"/> OTHER (explain below)	<input type="checkbox"/> VJS	<input type="checkbox"/> OTHER (explain):		
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):				
Culinary Depot Quote Number: 68202; Migali C-2F-HC, 49 Cu. ft., 2 door, 51.7 x 31.5 x 82.87 inch, Reach-In Freezer. Plus tax and additional lift gate delivery fee.				
Justification for expenditure (how will the expenditure benefit inmates):				
<p>This unit will replace the current B/O unit at 77th Regional Jail and store frozen inmate meals at the required temperature. The previous freezer unit has reached end of life after multiple repair attempts over the last several years. This replacement unit selected (*other) based on the restrictive exterior dimensions to fit into the available Kitchen space and the inner dimensions needed to hold as much product as possible (48 cases). The jail currently only has one (1) working (walk in) freezer which also has a break down history as recent as (Oct. 2020), it is imperative to have an additional freezer unit. Culinary Depot was selected based on competitive pricing for this space restrictive sized item and their excellent communications when discussing our needs.</p>				
Reason City resources were not used for expenditure:				
There are no City or Department funds allocated for this expense.				
Estimated Cost:	\$2,841.53	Actual Cost:	\$2,841.53	City Approved Vendor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)				
Company Name	Contact	Phone:	Estimate:	
1 Culinary Depot	Chase Mckenna	888-845-8200	\$2,841.53	
2		-		
3		-		
Vendor Selected:	Culinary Depot	Reason Selected:	<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE				
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: CAPTAIN ORLANDO CHANDLER		Serial No.: 26288	Date: 12/7/20
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: GARY NEWTON		Serial No.: 47013	Date: 12/8/2020
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: Sgt 11 B. Valle		Serial No.: 35110	Date: 11/16/20
Required if Over \$10,000	Commanding Officer, SSG:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				
Required if Over \$50,000	Commanding Officer, ASB:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:				CONTROL NUMBER
10/08/20	RFID CHIPS				INF 21-007
Submitted by:	Serial No.:		Assignment:		Phone:
SDO BRYANT	N4517		CSD		
Type of Expenditure:	Facility		Section OIC Approval Signature:		Serial No.
<input checked="" type="checkbox"/> REOCCURRING	MJS	AREAS			
NEW	77TH	ALL	Admin Section Review Signature:		
OTHER (explain below)	VJS	OTHER (explain):			

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):

36 BAGS OF RFID CHIPS

Justification for expenditure (how will the expenditure benefit inmates):

The payment is for 36 bags of RFID chips. These chips are used with the Guardian system to track inmate activity. The chips are a unique identifier to each inmate. The RFID chips show real time tracking on inmates when staff conduct inmate welfare checks. These RFID chips directly benefit the inmates.

Reason City resources were not used for expenditure:

No City funds are allocated.

Estimated Cost:	\$ 9,273.88	Actual Cost:	\$ 9,273.88	City Approved Vendor:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name	Contact	Phone:	Estimate:
1 Precision Dynamics Corp	Bill Musolf		\$ 9,273.88
2			
3			
Vendor Selected:	Precision Dynamics Corp	Reason Selected:	<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: CAPTAIN ORLANDO CHAN	Serial No.:	Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: GARRET NEWTON	Serial No.:	Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: Sgt II B. Valie	Serial No.:	Date:
Required Amount: \$40,000	Commanding Officer, SSG:	Signature:	Serial No.:
<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	Commanding Officer, ASB:	Signature:	Serial No.:
<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied			Date:

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER	
01/12/2021		Canes				IWF- 21-008	
Submitted by:		Serial No.		Assignment:		Phone:	
D.O. Camarena		N4206		MJS/CSD			
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.	
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS		
	NEW		77TH		ALL	Admin Section Review Signature:	
	OTHER (explain below)		VJS	OTHER (explain)			

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

Drive adjustable height offset cane. Quotation # Q10.10766

Justification for expenditure (how will the expenditure benefit inmates):

Canes are used for inmates with medical mobility limitations while detained at LAPD MDC. Also, canes are utilized during special transportation for court and hospitalization visits.

Reason City resources were not used for expenditure:

Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.

Estimated Cost:	\$480.00	Actual Cost:	\$480.00	City Approved Vendor:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name		Contact	Phone:	Estimate:
1	1-800-WHEELCHAIR.COM	Lisa Stapley	800-320-7140	\$480.00
2				
3				
Vendor Selected:		1-800-WHEELCHAIR.COM	Reason Selected:	<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved	Commanding Officer / Fund Chair:			Serial No.:	Date:	
<input type="checkbox"/> Denied	GARY NEWTON			26288	01/13/2021	
<input checked="" type="checkbox"/> Approved	Member Name:			Serial No.:	Date:	
<input type="checkbox"/> Denied	GARY NEWTON			47616	01/14/21	
<input checked="" type="checkbox"/> Approved	Member Name:			Serial No.:	Date:	
<input type="checkbox"/> Denied	S. YIN			36468	01/13/2021	
Required if Over \$40,000		Commanding Officer, SSG:			Serial No.:	Date:
<input type="checkbox"/> Approved					Serial No.:	Date:
<input type="checkbox"/> Denied					Serial No.:	Date:
Required if Over \$50,000		Commanding Officer, ASB:	Signature:		Serial No.:	Date:
<input type="checkbox"/> Approved					Serial No.:	Date:
<input type="checkbox"/> Denied					Serial No.:	Date:

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
01/13/2021	New replacement camera to Cell [REDACTED] Camera			IWF 21-009
Submitted by:	Serial No.	Assignment:	Phone:	
D.O. Marie Graham	N3073	CSD/VJS	[REDACTED]	
Type of Expenditure:	Facility	Section OIC Approval Signature:	Serial No.	
<input checked="" type="checkbox"/> REOCCURRING	MJS	AREAS	[REDACTED] 33565	
<input checked="" type="checkbox"/> NEW	77TH	ALL	Admin Section Review Signature: [REDACTED]	
OTHER (explain below)	X VJS	OTHER (explain):	[REDACTED]	

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

On 01/12/2021 the front camera for cell [REDACTED] stopped working and would not restart. This is an original camera that was installed in 2011. Camera will be replaced with a new Verint [REDACTED]

Justification for expenditure (how will the expenditure benefit inmates):

[REDACTED]

This camera is out of warranty and non-repairable. This camera will assist in monitoring the arrestees that are in this cell, assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with department roles.

Reason City resources were not used for expenditure:

Expenditure was not included in the City's budget and directly benefits arrestees.

Estimated Cost:	1493.78	Actual Cost:	1493.78	City Approved Vendor:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name		Contact	Phone:	Estimate:
1	R.K.M Communications	Robert Martin	[REDACTED]	1493.78
2				
3				
Vendor Selected:	R.K.M. Communications		Reason Selected:	<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>CMW/DO</i> C. CHANDLER	[REDACTED]	Serial No.: 26288	Date: 1/25/2021
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>GARY NEWTON</i>	[REDACTED]	Serial No.: 47010	Date: 01/28/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt 11 Brian Valle</i>	[REDACTED]	Serial No.: 35110	Date: 1/28/21
Required if Over \$40,000	Commanding Officer, SSO:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				
Required if Over \$50,000	Commanding Officer, ASB:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED:	ITEM(s) REQUESTED:				CONTROL NUMBER
1/22/2021	Guardian Renewal Fee				IWF21 - 010
Submitted by:	Serial No.		Assignment:		Phone:
SDO.BRYANT	N4517		CSD		
Type of Expenditure:	Facility		Section CIC Approval Signature:		Serial No.
<input checked="" type="checkbox"/> REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	
<input type="checkbox"/> NEW	<input type="checkbox"/>	77TH	<input checked="" type="checkbox"/>	ALL	Admin Section Review Signature: [REDACTED]
<input type="checkbox"/> OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain):	b2p

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):

Real time inmate management hardware/software.

Justification for expenditure (How will the expenditure benefit inmates):

The payment is for the yearly system renewal fee of the Guardian RFID system for all of Custody Services Division. The Guardian system provides real-time cell check documentation. Additionally, it provides a multitude of other services unique to custody environments. Combined with the RMS system, Guardian RFID provides increased inmate management Capabilities for CSD. Installation fulfills CSD modernization commitment(s).

Reason City resources were not used for expenditure:

No city funds are allocated. Guardian is considered [REDACTED] vendor based on devices, features, software, and support.

Estimated Cost: \$12,500.00 Actual Cost: \$12,500.00 City Approved Vendor: Yes No

List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name		Contact	Phone:	Estimate:
1	Guardian RFID	Paul Baze	[REDACTED]	\$12,500.00
2			-	
3			-	

Vendor Selected: Guardian RFID Reason Selected: Price City Vendor Other

DO NOT WRITE BELOW THIS LINE

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Ch:		Serial No.:	Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Cor. Anna Cowan</i>		26258	01-25-21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Gary Newton</i>		47010	01-21-21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt U. B. Valle</i>		35110	1-21-21
Funds of over \$40,000		Assistant to the Director, OSO:	Signature:	Serial No.:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				Date:
Funds of over \$10,000		Director, Office of Special Operations:	Signature:	Serial No.:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				Date:

RECEIPTS and DISBURSEMENTS REPORT

TYPE OF FUND
INMATE WELFARE FUND-UPDATEMONTH
FEBRUARY
YEAR
2021

DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL	
BEGINNING BALANCE				
2/1/21	BANK BALANCE WELLS FARGO BANK [REDACTED]	\$1,278,633.80		
		<u>DEPOSITS IN TRANSIT</u> \$0		
		<u>OUTSTANDING CHECKS</u> \$ 27,259.85		
		TOTAL	1,251,373.95	
RECEIPTS THIS MONTH				
2/10/21	TELMATE LLC INTEREST EARNED FOR THE MONTH OF NOVEMBER	\$6,403.25		
2/10/21	TELMATE LLC INTEREST EARNED FOR THE MONTH OF DECEMBER	\$5,722.39		
2/16/21	PARTNERS FOR A SAFER AMERICA	\$15,600.00		
2/12/21	Reversal Check #1985 IWF 21-009	\$1493.78		
2/16/21	Reversal Check #1986 IWF 21-010	\$12,500.00		
2/18/21	Reversal Check #1987 IWF 21-011	\$799.19		
2/25/21	Reversal Check #1985-IWF 21-009 VENDOR RESUBMITTED	\$1493.78		
		TOTAL	\$44,012.39	
2/28/21	BEGINNING BALANCE PLUS RECEIPTS		\$1,295,386.34	
DISBURSEMENTS THIS MONTH				
2/17/21	Check #1987 RKM COMMUNICATIONS IWF 21-011	\$799.19		
2/24/21	Check #1985 RKM COMMUNICATIONS IWF 21-009 (RESUBMITTED)	\$1493.78		
2/19/21	Check #1988 GUARDIAN RFID IWF (REPLACED CHK #1986) IWF 21-010	\$12,500.00		
2/19/21	Check #1989 DIRECTV -MARCH IWF 21-013	\$335.24		
2/19/21	Check #1990 RKM COMMUNICATIONS IWF 21-014	\$472.50		
2/19/21	Check #1991 STATE OF CALIFORNIA OF PUBLIC HEALTH IWF 21-015	\$512.00		
2/19/21	Check #1992 ASSI SECURITY IWF 21-016	\$44,301.89		
2/19/21	Check #1993 ASSI SECURITY IWF 21-017	\$15,160.10		
2/19/21	Check #1994 RKM COMMUNICATION(REPLACED CHK#1985) IWF21-009	\$1,493.78		
	WELLS FARGO SERVICE FEE	\$24.12		
		TOTAL	\$77,092.60	
			\$1,218,293.74	
ENDING BALANCE				
2/28/21	BANK BALANCE [REDACTED]	\$0	\$1,293,898.25	
		<u>DEPOSITS IN TRANSIT</u> \$0		
		<u>OUTSTANDING CHECKS</u> \$75,604.51		
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)			
			TOTAL	1,218,293.74
DIVISION COMMANDER [REDACTED]	DATE 5/12/21	AUDIT COMMITTEE JEFF WONG N2799 DAWN KELLEHER G8361 [REDACTED]	PREPARED BY DO M CARTER N3754 [REDACTED]	
ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division			TELEPHONE EXTENSION [REDACTED]	

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:				CONTROL NUMBER
01/25/2021	Two new Aiphone units for back gate intercom				ZWF 21-011
Submitted by:	Serial No.		Assignment:		Phone:
D.O. Marie Graham	N3073		CSD/VJS		
Type of Expenditure:	Facility		Section OIC Approval Signature:		Serial No.
<input type="checkbox"/> REOC CURRING	MJS	AREAS			33565
X NEW	77TH	ALL	Admin Section Review Signature:		
OTHER (explain below)	X	VJS	OTHER (explain):		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

Replacement of existing intercom with two new units, using existing wire. Aiphone Lef-5 intercom Master Station, and Aiphone Le-Da Door Station.

Justification for expenditure (how will the expenditure benefit inmates):

The intercom at the Valley Jail outside Sally Port Gate is not functioning properly. It is difficult to understand the speaker. This intercom is essential to the communication with visitors of the Valley Jail; all visitors need to contact jail personnel through this unit.

15.2 was completed and ITA responded with bid for repairs. (Attached)

Second bid provided from RKM

Reason City resources were not used for expenditure:

Expenditure was not included in the City's budget and directly benefits arrestees.

Estimated Cost:	799.19	Actual Cost:	799.19	City Approved Vendor:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

	Company Name	Contact	Phone:	Estimate:
1	R.K.M Communications	Robert Martin		799.19
2				
3				
Vendor Selected:	R.K.M. Communications		Reason Selected:	Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved	Commanding Officer / Fund Chair: <i>Orlando G. Gammie</i>	Serial No.:	Date:
<input type="checkbox"/> Denied		26288	01/31/21
<input checked="" type="checkbox"/> Approved	Member Name: <i>GARY NEWTON</i>	Serial No.:	Date:
<input type="checkbox"/> Denied		47818	01/29/21
<input checked="" type="checkbox"/> Approved	Member Name: <i>Sgt II B. Valle</i>	Serial No.:	Date:
<input type="checkbox"/> Denied		35110	1/28/21
Required if Over \$10,000	Commanding Officer, SSG:	Serial No.:	Date:
Approved			
Denied			
Required if Over \$50,000	Commanding Officer, ASB:	Signature:	Serial No.:
Approved			Date:
Denied			

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
01/13/2021	New replacement camera to Cell [REDACTED] Camera			IWF 21-009
Submitted by:	Serial No.		Assignment:	Phone:
D.O. Marie Graham	N3073		CSD/VJS	[REDACTED]
Type of Expenditure:	Facility		Section OIC Approval Signature:	Serial No.
<input type="checkbox"/> REOCCURRING	MJS	AREAS	[REDACTED]	33565
<input checked="" type="checkbox"/> NEW	77TH	ALL	Admin Section Review Signature:	[REDACTED]
OTHER (explain below)	X	VJS	OTHER (explain):	[REDACTED]

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

On [REDACTED] camera for cell [REDACTED] stopped working and would not restart. This is an original camera that was installed in 2011. Camera will be replaced with a new Verint [REDACTED]

Justification for expenditure (how will the expenditure benefit inmates):

[REDACTED] This camera is out of warranty and non-repairable. This camera will assist in monitoring the arrestees that are in this cell, assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with department roles.

Reason City resources were not used for expenditure:

Expenditure was not included in the City's budget and directly benefits arrestees.

Estimated Cost:	1493.78	Actual Cost:	1493.78	City Approved Vendor:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

	Company Name	Contact	Phone:	Estimate:		
1	R.K.M Communications	Robert Martin	[REDACTED]	1493.78		
2						
3						
Vendor Selected:	R.K.M. Communications		Reason Selected:	<input type="checkbox"/> Price	<input type="checkbox"/> City Vendor	<input checked="" type="checkbox"/> Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved	Commanding Officer / Fund Chair:	[REDACTED]	Serial No.:	26288	Date:	1/25/2021
<input type="checkbox"/> Denied	Member Name:	[REDACTED]	Serial No.:	47010	Date:	6/28/21
<input checked="" type="checkbox"/> Approved	Member Name:	[REDACTED]	Serial No.:	35110	Date:	1/28/21
<input type="checkbox"/> Denied	Sgt II Brian Valle	[REDACTED]	Serial No.:		Date:	
Required if Over \$40,000		Commanding Officer, SSO:	Signature:		Serial No.:	
<input type="checkbox"/> Approved					Date:	
<input type="checkbox"/> Denied					Date:	
Required if Over \$50,000		Commanding Officer, ASB:	Signature:		Serial No.:	
<input type="checkbox"/> Approved					Date:	
<input type="checkbox"/> Denied					Date:	

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:				CONTROL NUMBER
1/22/2021	Guardian Renewal Fee				INF21 - 010
Submitted by:	Serial No.		Assignment:	Phone:	
SDO.BRYANT	N4517		CSD		
Type of Expenditure:	Facility		Section OIC Approval Signature:	Serial No.	
<input checked="" type="checkbox"/> REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/> AREAS		
<input type="checkbox"/> NEW	<input type="checkbox"/>	77TH	<input checked="" type="checkbox"/> ALL	Admin Section Review Signature:	
<input type="checkbox"/> OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/> OTHER (explain):		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):

Real time inmate management hardware/software.

Justification for expenditure (how will the expenditure benefit inmates):

The payment is for the yearly system renewal fee of the Guardian RFID system for all of Custody Services Division. The Guardian system provides real-time cell check documentation. Additionally, it provides a multitude of other services unique to custody environments. Combined with the RMS system, Guardian RFID provides increased inmate management Capabilities for CSD. Installation fulfills CSD modernization commitment(s).

Reason City resources were not used for expenditure:

No city funds are allocated. Guardian is considered a [REDACTED] vendor based on devices, features, software, and support.

Estimated Cost: \$12,500.00 Actual Cost: \$12,500.00 City Approved Vendor: Yes No

List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name		Contact	Phone:	Estimate:
1	Guardian RFID	Paul Baze	[REDACTED]	\$12,500.00
2			- -	
3			- -	

Vendor Selected: Guardian RFID Reason Selected: Price City Vendor Other

DO NOT WRITE BELOW THIS LINE

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>Cor. Anna Coward</i>	[REDACTED]	Serial No.: <i>26258</i>	Date: <i>01-25-21</i>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Gary Newton</i>	[REDACTED]	Serial No.: <i>47010</i>	Date: <i>01-21-21</i>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt U. B. Valle</i>	[REDACTED]	Serial No.: <i>3510</i>	Date: <i>1-21-21</i>
<input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Assistant to the Director, OSO:	[REDACTED]	Serial No.:	Date:
<input type="checkbox"/> Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Director, Office of Special Operations:	Signature:	Serial No.:	Date:

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER	
02/04/2021		DirecTV				IWF- 21-013	
Submitted by:		Serial No.		Assignment:		Phone:	
D.O. Camarena		N4206		MJS/CSD			
Type of Expenditure:		Facility		Section OIG Approval Signature:		Serial No.	
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	AREAS			32765
	NEW		77TH	ALL	Admin Section Review Signature:		
	OTHER (explain below)		VJS	OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
DirecTV Invoice # 018835073X210202, monthly payment for TV service.							
Justification for expenditure (how will the expenditure benefit inmates):							
TV service for arrestees in housing units per Title 15.							
Reason City resources were not used for expenditure:							
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.							
Estimated Cost: \$ 335.24		Actual Cost: \$ 335.24		City Approved Vendor:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
1	Company Name: DirecTV	Contact: Customer Service	Phone: 888-388-4249	Estimate: \$ 335.24			
2							
3							
Vendor Selected: DirecTV		Reason Selected:		<input type="checkbox"/> Price	<input type="checkbox"/> City Vendor	<input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved	Commanding Officer / Fund Chair: <i>David Camarena</i>				Serial No.: 26288	Date: 2/9/21	
<input type="checkbox"/> Denied	Member Name: <i>Sgt II B. Valle</i>				Serial No.: 35120	Date: 2/9/21	
<input checked="" type="checkbox"/> Approved	Member Name: <i>SGT JF Sam Yin</i>				Serial No.: 36468	Date: 02/04/2021	
<input type="checkbox"/> Denied	Required if Over \$40,000: Commanding Officer, SSO:				Serial No.:	Date:	
<input checked="" type="checkbox"/> Approved					Serial No.:	Date:	
<input type="checkbox"/> Denied					Serial No.:	Date:	
Required if Over \$50,000: Commanding Officer, ASB:		Signature:		Serial No.:		Date:	
<input type="checkbox"/> Approved					Serial No.:	Date:	
<input checked="" type="checkbox"/> Denied					Serial No.:	Date:	

Duplicate - original lost

INMATE WELFARE FUND
EXPENDITURE CONTROL FORM

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
12/01/2020	Emergency Call out			21-014
Submitted by:	Serial No.:		Assignment:	Phone:
D.O. Marie Graham	N3073		CSD/VJS	
Type of Expenditure:	Facility		Section OIC Approval Signature:	Serial No.
REOCCURRING	MJS	AREAS		33565
X NEW	77TH	ALL	Admin Section Review Signature:	
OTHER (explain below)	X VJS	OTHER (explain):		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

RKM was called out by PDO Anderson for a Power surge at Van Nuys Area and Jail caused to stop communicating with the server. Technician dispatched to Valley jail, cameras were rebooted unsuccessfully, cameras were de-powered, reset and software re-loaded and re-booted, cameras were fully functioning at

Justification for expenditure (how will the expenditure benefit inmates):

These Cameras will assist in monitoring the arrestees that are in these cells assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with department roles.

Reason City resources were not used for expenditure:

Expenditure was not included in the City's budget and directly benefits arrestees.

Estimated Cost:	472.50	Actual Cost:	472.50	City Approved Vendor:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name	Contact	Phone:	Estimate:
1 R.K.M Communications	Robert Martin		472.50
2			
3			

Vendor Selected:	R.K.M. Communications	Reason Selected:	<input type="checkbox"/> Price	<input type="checkbox"/> City Vendor	<input checked="" type="checkbox"/> Other
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DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved	Commanding Officer / Fund Chair:	Serial No.:	Date:	
<input type="checkbox"/> Denied	<i>Cooper Chawoo Connor</i>	26258	2/9/21	
<input checked="" type="checkbox"/> Approved	Member Name:	Serial No.:	Date:	
<input type="checkbox"/> Denied	<i>GARY NEWTON</i>	47610	02/11/21	
<input checked="" type="checkbox"/> Approved	Member Name:	Serial No.:	Date:	
<input type="checkbox"/> Denied	<i>Sgt Li B. Valie</i>	35110	2/19/21	
Required if Over \$40,000	Commanding Officer, SSO:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved				
<input type="checkbox"/> Denied				
Required if Over \$50,000	Commanding Officer, ASB:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved				
<input type="checkbox"/> Denied				

Gwen

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
2/10/2021	Body Scanner Registration Renewal			21-015
Submitted by:	Serial No.	Assignment:	Phone:	
Jacson	N3066	Administrative		
Type of Expenditure:	Facility	Section OIC Approval Signature:	Serial No.	
<input checked="" type="checkbox"/> REOCCURRING	<input checked="" type="checkbox"/> MJS <input type="checkbox"/> AREAS			
<input type="checkbox"/> NEW	<input type="checkbox"/> 77TH <input type="checkbox"/> ALL	Admin Section Review Signature:		
<input type="checkbox"/> OTHER (explain below)	<input type="checkbox"/> VJS <input type="checkbox"/> OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):				
Justification for expenditure (how will the expenditure benefit inmates): In accordance with Title 17, California Code of Regulations, Section 30145, Custody Services Division must pay a registration renewal fee to the Department of Public Health Radiologic Health Branch for the Body Scanner located at the MDC.				
Reason City resources were not used for expenditure: The system was not included in the Division's budget.				

Estimated Cost:	\$512	Actual Cost:	\$512
City Approved Vendor:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

	Company Name	Contact	Phone:	Estimate:
1	State of California Department of Public Health	Radiologic Health Branch	(916) 327-5106	\$512
2				
3			- -	

Vendor Selected:	State of California Department of Public Health	Reason Selected:
		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>Deanne Chandler</i>	<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	Print Member Name: <i>Gary Newton</i>	<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	Print Member Name: <i>Sgt 11 B. Valle</i>
<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	Assistant to the Director, OSO:				
<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	Director, Office of Special Operations:				

Signature: _____

Serial No.:	Date:
26288	02/15/21
Serial No.:	Date:
47018	02/11/21
Serial No.:	Date:
35110	2/11/21
Serial No.:	Date:
Serial No.:	Date:

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
2/11/21	ASSI Security Install (90% Progress)			IWF 21 - 016
Submitted by:	Serial No.	Assignment:	Phone: [REDACTED]	
Allen Hayden	N4461	77th RJS	[REDACTED]	
Type of Expenditure:	Facility	Section OIC Approval Signature:		Serial No. [REDACTED] 0484
<input type="checkbox"/> REOCCURRING	<input type="checkbox"/> MJS	<input type="checkbox"/> AREAS	[REDACTED]	
<input checked="" type="checkbox"/> NEW	<input checked="" type="checkbox"/> 77TH	<input type="checkbox"/> ALL	Admin Section Review Signature: [REDACTED]	
<input type="checkbox"/> OTHER (explain below)	<input type="checkbox"/> VJS	<input type="checkbox"/> OTHER (explain):	[REDACTED]	

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):

90% Progress Billing for the installation of Jail Control Systems, Intercoms, and CCTV feed at 77th Regional Jail from Proposal 7851-4-0-2. ASSI Job 20173. Contract # C-124017.

Justification for expenditure (how will the expenditure benefit inmates):

This IWF will complete the initial billing proposal for the 77th Regional Jail upgrade and replacement of video work stations, CCTV monitors, door and intercom controls. These upgrades are necessary to replace end of life equipment and to ensure a safe and secure environment for employees and arrestees housed in our facility in compliance with Title 15.

Reason City resources were not used for expenditure:

There are no City or Department funds allocated for this expense.

Estimated Cost: \$44,301.89 Actual Cost: \$44,301.89 City Approved Vendor: Yes No

List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name	Contact	Phone: [REDACTED]	Estimate:
1 ASSI	Greg Doyle		\$44,301.89
2		- -	
3		- -	

Vendor Selected: ASSI Reason Selected: Price City Vendor Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>Captain Orlando Chandler</i>	Serial No.: 26288	Date: 02-16-21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Gregory Newton</i>	Serial No.: 47010	Date: 02-11-21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt. B. Valle</i>	Serial No.: 35110	Date: 2-11-21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, SSG: <i>Glenn P. Restivo</i>	Serial No.: 30493	Date: 02/24/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB: <i>Glenn P. Restivo</i>	Serial No.: [REDACTED]	Date: [REDACTED]

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
02/16/2021	ASSI Security			IWF- 21-017
Submitted by:	Serial No.	Assignment:		Phone:
D.O. Camarena	N4206	MJS/CSD		
Type of Expenditure:	Facility	Section OIC Approval Signature:		Serial No.
<input type="checkbox"/> REOCCURRING	X MJS	AREAS		32745
X NEW	77TH	ALL	Admin Section Review Signature:	
OTHER (explain below)	VJS	OTHER (explain):		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

ASSI Security Proposal: 8745-1-0-1 (LAPD Camera and Server add on).

ASSI to replace old [REDACTED] camera with a new [REDACTED] camera.

New [REDACTED] server added too make room for new and future cameras.

Justification for expenditure (how will the expenditure benefit inmates):

Cameras service for arrestee's safety and observation per Title 15.

Reason City resources were not used for expenditure:

Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.

Estimated Cost:	\$15,160.10	Actual Cost:	\$15,160.10	City Approved Vendor:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name		Contact	Phone:	Estimate:
1	ASSI Security	Larry Picone	[REDACTED]	\$15,160.10
2				
3				

Vendor Selected:	ASSI Security	Reason Selected:	<input type="checkbox"/> Price	<input type="checkbox"/> City Vendor	<input checked="" type="checkbox"/> Other
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DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved	Commanding Officer / Fund Chair:	Serial No.:	Date:	
<input type="checkbox"/> Denied	<i>CAPTAIN [Signature]</i>	26286	2/16/21	
<input checked="" type="checkbox"/> Approved	Member Name:	Serial No.:	Date:	
<input type="checkbox"/> Denied	<i>GARY NEWTON</i>	87010	02/17/21	
<input checked="" type="checkbox"/> Approved	Member Name:	Serial No.:	Date:	
<input type="checkbox"/> Denied	<i>Sgt 11 B. Valle</i>	35110	2-16-21	
Required if Over \$40,000	Commanding Officer, SSO:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved				
<input type="checkbox"/> Denied				
Required if Over \$50,000	Commanding Officer, ASB:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved				
<input type="checkbox"/> Denied				

RECEIPTS and DISBURSEMENTS REPORT

DIVISION CSD		TYPE OF FUND INMATE WELFARE FUND		MONTH MARCH	YEAR 2021
DATE	ITEM AND EXPLANATION		AMOUNT	TOTAL	
BEGINNING BALANCE					
3/1/21	BANK BALANCE WELLS FARGO BANK [REDACTED]			\$1,293,898.25	
			<u>DEPOSITS IN TRANSIT</u>	\$0	
			<u>OUTSTANDING CHECKS</u>	\$ 75,255.51	
			TOTAL	1,218,642.74	
RECEIPTS THIS MONTH					
3/09/21	TELMATE LLC INTEREST EARNED FOR THE MONTH OF JANUARY		\$6,311.49		
			TOTAL	\$6,311.49	
3/31/21	BEGNING BALANCE PLUS RECEIPTS		\$1,224,954.23		
DISBURSEMENTS THIS MONTH					
3/5/21 3/10/21	Check #1996 RKM COMMUNICATIONS IWF 21-011(REPLACED CHK#1987) Check #1997 DIRECTV IWF 21-018 WELLS FARGO SERVICE FEE		\$799.19 \$335.24 \$64.19		
			TOTAL	\$1,198.62	
				\$1,223,755.61	
ENDING BALANCE					
3/31/21	BANK BALANCE DEPOSITS IN TRANSIT OUTSTANDING CHECKS (PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)		\$0 \$992.00	\$1,224,747.61	
				TOTAL \$1,223,755.61	
DIVISION COMMANDER [REDACTED]		DATE 4/9/2021	AUDIT COMMITTEE JEFF WONG N2799 DAWN KELLEHER G8361 [REDACTED]	PREPARED BY DO M.CARTER N3754 [REDACTED]	
ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division				TELEPHONE EXTENSION [REDACTED]	

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:				CONTROL NUMBER
01/25/2021	Two new Aiphone units for back gate intercom				JWF 21-011
Submitted by:	Serial No.		Assignment:		Phone:
D.O. Marie Graham	N3073		CSD/VJS		
Type of Expenditure:	Facility		Section OIC Approval Signature:		Serial No.
<input type="checkbox"/> REOC CURRING	MJS	AREAS			33565
X NEW	77TH	ALL	Admin Section Review Signature:		
OTHER (explain below)	X	VJS	OTHER (explain):		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

Replacement of existing intercom with two new units, using existing wire. Aiphone Lef-5 intercom Master Station, and Aiphone Le-Da Door Station.

Justification for expenditure (how will the expenditure benefit inmates):

The intercom at the Valley Jail outside Sally Port Gate is not functioning properly. It is difficult to understand the speaker. This intercom is essential to the communication with visitors of the Valley Jail; all visitors need to contact jail personnel through this unit.

15.2 was completed and ITA responded with bid for repairs. (Attached)

Second bid provided from RKM

Reason City resources were not used for expenditure:

Expenditure was not included in the City's budget and directly benefits arrestees.

Estimated Cost:	799.19	Actual Cost:	799.19	City Approved Vendor:	<input checked="" type="checkbox"/> Yes	No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

	Company Name	Contact	Phone:	Estimate:
1	R.K.M Communications	Robert Martin		799.19
2				
3				

Vendor Selected:	R.K.M. Communications	Reason Selected:	Price <input type="checkbox"/>	City Vendor <input checked="" type="checkbox"/>	Other
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DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved	Commanding Officer / Fund Chair:		Serial No.:	Date:
<input type="checkbox"/> Denied	Orlando Chamber		26288	01/31/21
<input checked="" type="checkbox"/> Approved	Member Name:		Serial No.:	Date:
<input type="checkbox"/> Denied	GARY NEWTON		47818	01/29/21
<input checked="" type="checkbox"/> Approved	Member Name:		Serial No.:	Date:
<input type="checkbox"/> Denied	Sgt II B. Valle		35110	1/28/21
Required if Over \$40,000	Commanding Officer, SSG:	Signature:	Serial No.:	Date:
Approved				
Denied				
Required if Over \$50,000	Commanding Officer, ASB:	Signature:	Serial No.:	Date:
Approved				
Denied				

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
03/09/2021	DirecTV - March			IWF- 21-018
Submitted by:	Serial No.	Assignment:	Phone:	
D.O. Camarena	N4206	MJS/CSD		
Type of Expenditure:	Facility	Section OIC Approval Signature:	Serial No.	
<input checked="" type="checkbox"/> REOCCURRING	<input checked="" type="checkbox"/> MJS	AREAS		
<input type="checkbox"/> NEW	77TH	ALL	Admin Section Review Signature: <i>TO</i>	
<input type="checkbox"/> OTHER (explain below)	VJS	OTHER (explain)		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

DirecTV Invoice # 018835073X210302, monthly payment for TV service.

Justification for expenditure (how will the expenditure benefit inmates):

TV service for arrestees in housing units per Title 15.

Reason City resources were not used for expenditure:

Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates.

Estimated Cost:	\$335.24	Actual Cost:	\$335.24	City Approved Vendor:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

	Company Name	Contact	Phone:	Estimate:
1	DirecTV	Customer Service	888-388-4249	\$335.24
2				
3				

Vendor Selected: DirecTV Reason Selected: Price City Vendor Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved	Commanding Officer / Fund Chair: <i>Caron Otero C. HARRIS</i>	Serial No.:	26288	Date:	3/10/21
<input type="checkbox"/> Denied		Serial No.:		Date:	
<input checked="" type="checkbox"/> Approved	Member Name: <i>GARY NEWTON</i>	Serial No.:	47010	Date:	03/09/21
<input type="checkbox"/> Denied		Serial No.:		Date:	
<input checked="" type="checkbox"/> Approved	Member Name: <i>S. YIN</i>	Serial No.:	36468	Date:	03/09/2021
<input type="checkbox"/> Denied		Serial No.:		Date:	
Required If Over \$40,000	Commanding Officer, SSO:	Signature:		Serial No.:	
<input type="checkbox"/> Approved				Serial No.:	
<input type="checkbox"/> Denied				Serial No.:	
Required If Over \$50,000	Commanding Officer, ASB:	Signature:		Serial No.:	Date:
<input type="checkbox"/> Approved				Serial No.:	
<input type="checkbox"/> Denied				Serial No.:	

RECEIPTS and DISBURSEMENTS REPORT

TYPE OF FUND
AMENDED INMATE WELFARE FUND

MONTH	YEAR
APRIL	2021

DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL
BEGINNING BALANCE			
4/1/21	BANK BALANCE WELLS FARGO BANK [REDACTED]		\$ 1,224,747.61
	<u>DEPOSITS IN TRANSIT</u> \$0	\$0	
	<u>OUTSTANDING CHECKS</u> \$ 992.00	\$ 992.00	
		TOTAL	\$1,223,755.61
RECEIPTS THIS MONTH			
4/22/21	TELMATE LLC INTEREST EARNED FOR THE MONTH OF FEBRUARY	\$8,121.41	
		TOTAL	\$8,121.41
4/30/21	BEGINNING BALANCE PLUS RECEIPTS		\$1,231,877.02
DISBURSEMENTS THIS MONTH			
12/16/20	Check #1965 HOBERT SERVICE IWF 995 PREVIOUS AUDITOR DID NOT REPORT PROPERLY IN BOOK-MISSED CHECK	\$349.00	
4/16/21	Check #1998 DIRECTV IWF 21-020	\$322.74	
4/20/21	Check #1999 CEECO IWF 21-021	\$206.75	
4/23/21	Check# 2000 LA DAILY NEWS 21-023	\$2551.86	
4/12/21	WELLS FARGO SERVICE FEE	\$31.34	
		TOTAL	\$3,461.69
			\$1,228,415.33
ENDING BALANCE			
4/30/21	BANK BALANCE [REDACTED] <u>DEPOSITS IN TRANSIT</u> \$0 <u>OUTSTANDING CHECKS</u> \$3,031.86 (PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)		\$1,231,447.19
		TOTAL	\$1,228,415.33
DIVISION COMMANDER [REDACTED]	DATE 6/16/21	AUDIT COMMITTEE JEFF WONG N2799 J.W. DAWN KELLEHER G8361 D.K.	PREPARED BY DO M CARTER N3754 [REDACTED]
ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division			TELEPHONE EXTENSION [REDACTED]

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
04/08/2021	DirecTV			IWF- 21-020
Submitted by:	Serial No.	Assignment:	Phone:	
D.O. Camarena	N4206	MJS/CSD		
Type of Expenditure:	Facility	Section of Approval Signature:	Serial No.	
<input checked="" type="checkbox"/> REOCCURRING	X MJS	AREAS	32145	
	77TH	ALL	Admin Section Review Signature	
	VJS	OTHER (explain):		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

DirecTV Invoice # 018835073X210402, monthly payment for TV service.

Justification for expenditure (how will the expenditure benefit inmates):

TV service for arrestees in housing units per Title 15.

Reason City resources were not used for expenditure:

Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.

Estimated Cost:	\$322.74	Actual Cost:	\$322.74	City Approved Vendor:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name		Contact	Phone:	Estimate:
1	DirecTV	Customer Service	888-388-4249	\$322.74
2				
3				
Vendor Selected:		DirecTV	Reason Selected:	<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved	Commanding Officer / Fund Chair:		Serial No.:	Date:
<input type="checkbox"/> Denied	<i>DANIEL GONZALEZ</i>		26288	04-08-21
<input checked="" type="checkbox"/> Approved	Member Name:		Serial No.:	Date:
<input type="checkbox"/> Denied	<i>GARY NEWTON</i>		47010	04-08-21
<input checked="" type="checkbox"/> Approved	Member Name:		Serial No.:	Date:
<input type="checkbox"/> Denied	<i>Sgt H B. Valle</i>		35110	04-12-21
Required if Over \$40,000		Commanding Officer, SSG:	Serial No.:	Date:
<input type="checkbox"/> Approved				
<input type="checkbox"/> Denied				
Required if Over \$50,000		Commanding Officer, ASB:	Signature:	Serial No.:
<input type="checkbox"/> Approved				Date:
<input type="checkbox"/> Denied				

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
4/7/21	Visitation Phone			FWF - 24-021
Submitted by: Allen Hayden		Serial No. N4461	Assignment: 77th RJS	Phone: [REDACTED]
Type of Expenditure:		Facility	Section Old Approval Signature: [REDACTED] Serial No. 36287	
<input checked="" type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input type="checkbox"/> AREAS <input checked="" type="checkbox"/> 77TH <input type="checkbox"/> ALL <input type="checkbox"/> VJS <input type="checkbox"/> OTHER (explain): [REDACTED]	Admin Section Review Signature: [REDACTED]	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc): Ceeco vandal resistant steel prison visitation phone, model SSP-350D-X-M-STC-UNVL-ACH12-LB-NB, additional security tool, Quote #14192. Installation to be requested by GSD upon delivery.				
Justification for expenditure (how will the expenditure benefit inmates): The Ceeco stainless steel prison visitation phone (handset, 12 inch armored cord, base) will replace the B/O inmate visitation handset in 77th RJS visitation booth No.1. The B/O model is no longer available for order/replacement from Dukane (product manufacturer from 1995, now out of business). The Ceeco sales representative says this is a compatible replacement unit for the Dukane model no.7A1060 (see attached email). Expenditure will benefit the inmates by facilitating visitation between inmates, their families and/or bail agents or other.				
Reason City resources were not used for expenditure: There are no City or Department funds allocated for this expense.				
Estimated Cost:	206.75	Actual Cost:	\$206.75	City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)				
Company Name	Contact	Phone:	Estimate:	
1 CEECO	Trenda Matheny	[REDACTED]	\$206.75	
2		- -		
3		- -		
Vendor Selected:	Ceeco	Reason Selected:	<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE				
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: Orlando Chaney	[REDACTED]	Serial No.: 26288	Date: 4-12-21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: Garey Newton	[REDACTED]	Serial No.: 47010	Date: 04-08-21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: Sgt 11 B. Valle	[REDACTED]	Serial No.: 35110	Date: 4-19-21
Required If Over \$40,000	Commanding Officer, SSG:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				
Required If Over \$50,000	Commanding Officer, ASB:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED		ITEM(s) REQUESTED:			CONTROL NUMBER	
4/22/21		English Newspaper			IWF-21-023	
Submitted by:		Serial No.		Assignment:		Phone:
M. CARTER		N3754		MJS/CSD		
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.
<input checked="" type="checkbox"/>	REOCCURRING	MJS	AREAS			32205
	NEW	77TH	ALL	Admin Section Review Signature:		
	OTHER (explain below)	VJS	<input checked="" type="checkbox"/>	OTHER (explain):		PACIFIC JAIL

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

Yearly subscription to the Daily News (English newspaper) for Pacific Jail.

Justification for expenditure (how will the expenditure benefit inmates):

To assure that interested inmates have access to a daily newspaper in general circulation, including a (non-English) publication, as mandated in Title 15 of the Corrections and Standards Authority for Type 1 jail facilities. Required by Youngblood Ruling (Youngblood VS Gates, 1988).

Reason City resources were not used for expenditure:

This expenditure has always been funded through the Inmate Welfare Fund directly benefiting the arrestees.

Estimated Cost:	\$2551.86	Actual Cost:	\$2551.86	City Approved Vendors:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name		Contact	Phone:	Estimate:
1	L.A. DAILY NEWS	Customer Service	818-713-3131	\$2551.86
2				
3				

Vendor Selected:	DirecTV	Reason Selected:	<input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other
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<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>Captain Charles Gravelle</i>	Serial No.: 26288	Date: 4/22/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Gary Newton</i>	Serial No.: 47010	Date: 04/22/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt. # B. Valle</i>	Serial No.: 35110	Date: 4/22/21
Required if Over \$40,000	Commanding Officer, SSG:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			
Required if Over \$50,000	Commanding Officer, ASB:	Signature:	Serial No.:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			Date:

RECEIPTS and DISBURSEMENTS REPORT

DIVISION CSD		TYPE OF FUND INMATE WELFARE FUND	MONTH MAY	YEAR 2021
DATE	ITEM AND EXPLANATION		AMOUNT	TOTAL
	BEGINNING BALANCE			
5/1/21	BANK BALANCE WELLS FARGO BANK [REDACTED]			\$1,231,447.19
			<u>DEPOSITS IN TRANSIT</u>	\$0
			<u>OUTSTANDING CHECKS</u>	\$ 3,031.86
			TOTAL	1,228,415.33
	RECEIPTS THIS MONTH			
5/10/21	WELLS FARGO INTEREST EARNED			\$4.54
5/18/21	TELMATE LLC INTEREST EARNED FOR THE MONTH OF MARCH 2021			\$8,118.36
5/11/21	STOP PAYMENT CHECK#1983 IWF 21-008 / JAN 2021			\$480.00
			TOTAL	\$8,602.90
			BEGINNING BALANCE PLUS RECEIPTS	\$1,237,018.23
	DISBURSEMENTS THIS MONTH			
5/7/21	Check #2001 RKM COMMUNICATIONS IWF 21-024			\$1493.78
5/7/21	Check #2002 RKM COMMUNICATIONS IWF 21-025			\$1493.78
5/11/21	Check #2003 RKM COMMUNICATIONS IWF 21-026			\$506.25
5/11/21	Check #2004 1-800-WHEELCHAIR.COM IWF 21-008 (RESUBMIT)			\$480.00
5/11/21	Check #2005 DIRECTV IWF 21-027			\$335.24
5/25/21	Check #2006 Guardian RFID IWF 21-029			\$270.00
5/26/21	Check #2007 RKM COMMUNICATIONS IWF 21-028			\$810.00
			TOTAL	\$5,389.05
				\$1,231,629.18
	ENDING BALANCE			
5/31/21	BANK BALANCE [REDACTED]			\$1,233,215.43
			<u>DEPOSITS IN TRANSIT</u>	\$0
			<u>OUTSTANDING CHECKS</u>	\$1,586.25
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)			
			TOTAL	\$1,231,629.18
DIVISION COMMANDER [REDACTED]		DATE 6/16/21	AUDIT COMMITTEE JEFF WONG N2799 J.W. DAWN KELLEHER G8361 DK	PREPARED BY DO M.CARTER N3754 [REDACTED]
ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division				TELEPHONE EXTENSION [REDACTED]

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
04/21/2021	New replacement camera to [REDACTED]			<i>F10F 21-024</i>
Submitted by:	Serial No.	Assignment:	Phone:	
D.O. Marie Graham	N3073	CSD/VJS		
Type of Expenditure:	Facility	Section OIC Approval Signature:		Serial No.
<input type="checkbox"/> REOCCURRING	MJS	AREAS		<i>27583</i>
<input checked="" type="checkbox"/> NEW	77TH	ALL	Admin Section Review Signature:	
OTHER (explain below)	X VJS	OTHER (explain):		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

On [REDACTED] Hallway [REDACTED] camera stopped working and would not restart. Multiple attempts made without success. The camera recommendation is to replace with a new Verint [REDACTED]

Justification for expenditure (how will the expenditure benefit inmates):

This camera has failed, unable to communicate with the server. Multiple attempts to restart camera have been attempted and were unsuccessful. This is an original camera series [REDACTED] that was installed on December 20, 2011. This camera is out of warranty and Verint will no longer repair this model camera. This camera will assist in monitoring the Hallway outside cells [REDACTED]

Reason City resources were not used for expenditure:

Expenditure was not included in the City's budget and directly benefits arrestees.

Estimated Cost:	1493.78	Actual Cost:	1493.78	City Approved Vendor:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name	Contact	Phone:	Estimate:
1 R.K.M Communications	Robert Martin	[REDACTED]	1493.78
2			
3			

Vendor Selected: R.K.M. Communications Reason Selected: Price City Vendor Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>Coronel Dennis Cannata</i>	[REDACTED]	Serial No.: <i>26258</i>	Date: <i>5/4/2021</i>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Gates Newton</i>	[REDACTED]	Serial No.: <i>47010</i>	Date: <i>5/06/21</i>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt II B. Valle</i>	[REDACTED]	Serial No.: <i>35110</i>	Date: <i>5/15/21</i>
Required if Over \$40,000	Commanding Officer, SSG:		Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				
Required if Over \$30,000	Commanding Officer, ABB:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
04/28/2021	New replacement camera to [REDACTED]			IWF 21 - 025
Submitted by:	Serial No.	Assignment:	Phone:	
D.O. Marie Graham	N3073	CSD/VJS		
Type of Expenditure:	Facility	Section OIC Approval Signature:		Serial No.:
REOCCURRING	MJS	AREAS		33565
X NEW	77TH	ALL	Admin Section Review Signature:	
OTHER (explain below)	X VJS	OTHER (explain):		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

On [REDACTED] Camera [REDACTED] was damaged by an arrestee and stopped working, camera restarted and now out of focus, multiple attempts to focus were made without success. This camera was one of the original cameras placed in 2011. The camera recommendation is to replace with a new Verint [REDACTED]

Justification for expenditure (how will the expenditure benefit inmates):

This camera is out of warranty and Verint will no longer repair this model camera. This camera will assist in monitoring the arrestees that are in this cell, assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with departments roles.

Reason City resources were not used for expenditure:

Expenditure was not included in the City's budget and directly benefits arrestees.

Estimated Cost:	1493.78	Actual Cost:	1493.78	City Approved Vendor:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name	Contact	Phone:	Estimate:
1 R.K.M Communications	Robert Martin	[REDACTED]	1493.78
2			
3			

Vendor Selected: R.K.M. Communications Reason Selected: Price City Vendor Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved	Commanding Officer / Fund Chair:	[REDACTED]	Serial No.:	Date:
<input type="checkbox"/> Denied	Captain [REDACTED] CHAMBER	[REDACTED]	26288	5/04/2021
<input checked="" type="checkbox"/> Approved	Member Name:	[REDACTED]	Serial No.:	Date:
<input type="checkbox"/> Denied	Greg [REDACTED] NEWTON	[REDACTED]	47010	05/06/21
<input checked="" type="checkbox"/> Approved	Member Name:	[REDACTED]	Serial No.:	Date:
<input type="checkbox"/> Denied	Sgt. [REDACTED] B. Valle	[REDACTED]	35110	5/4/21
Required if Over \$10,000 Commanding Officer, SSG:		[REDACTED]	Serial No.:	Date:
<input type="checkbox"/> Approved	[REDACTED]	[REDACTED]		
<input type="checkbox"/> Denied	[REDACTED]	[REDACTED]		
Required if Over \$10,000 Commanding Officer, ASB:		Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved	[REDACTED]	[REDACTED]		
<input type="checkbox"/> Denied	[REDACTED]	[REDACTED]		

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
05/04/2021	Repair to [REDACTED] CCTV CPU			<i>FOF 21-024</i>
Submitted by: D.O. Marie Graham	Serial No. N3073	Assignment: CSD/VJS	Phone: [REDACTED]	
Type of Expenditure: REOCCURRING X NEW OTHER (explain below)	Facility MJS 77TH X VJS	AREAS ALL	Section OIC Approval Signature: [REDACTED]	Serial No. 33565
Admin Section Review Signature: [REDACTED]				

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

Pick up and return of the B/O [REDACTED] CCTV CPU, repair required removal of unauthorized software and installation of New Network Adapter, fresh installation of Windows and the disabling of the network adapter on the motherboard was performed.

Equipment: Low Profile PCI network adapter.

Justification for expenditure (how will the expenditure benefit inmates):

The CPU is necessary to view camera feed in [REDACTED] office. This CCTV CPU enhances arrestee safety and security and monitoring ability the arrestees in the [REDACTED] of Valley Jail Section.

Reason City resources were not used for expenditure:

Expenditure was not included in the City's budget and directly benefits arrestees.

Estimated Cost:	506.25	Actual Cost:	506.25	City Approved Vendor:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name	Contact	Phone:	Estimate:
1 R.K.M Communications	Robert Martin	[REDACTED]	506.25
2			
3			

Vendor Selected: R.K.M. Communications Reason Selected: Price City Vendor Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>Cor. Anna CHAMBER</i>	[REDACTED]	Serial No.: 26288	Date: 05-11-2021
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>GRAY NEWTON</i>	[REDACTED]	Serial No.: 47010	Date: 05-11-21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt II B. Valle</i>	[REDACTED]	Serial No.: 35110	Date: 5/10/21
Required if Over \$40,000	Commanding Officer, SSO:	[REDACTED]	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$50,000	Commanding Officer, ASB:	Signature:	Serial No.:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				Date:

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED:	ITEM REQUESTED:	CONTROL NUMBER:	
01/12/2021	Canes	IWF- 21-008	
SUBMITTED BY:		Serial No.:	
D.O. Camarena		N4206	MJS/CSD
Type of Expenditure:			
<input checked="" type="checkbox"/> REOCCURRING	<input checked="" type="checkbox"/> MJS	AREAS	32765
<input type="checkbox"/> NEW	77TH	ALL	Admin Section Review Signature:
<input type="checkbox"/> OTHER (explain below)	VJS	OTHER (explain)	
Description of expenditure (include detailed information, e.g. make, model, accession/adjustment, use, location, requirement, etc.)			
Drive adjustable height offset cane. Quotation # Q10.10766			
Justification for expenditure (how will the expenditure benefit inmates):			
Canes are used for inmates with medical mobility limitations while detained at LAPD MDC. Also, canes are utilized during special transportation for court and hospitalization visits.			
Reason City resources were NOT used for expenditure:			
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates.			
Estimated Cost:	\$480.00	Actual Cost:	\$480.00
City Approved Vendor:		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)			
Company Name:	Contact:	Phone:	Estimate:
1 1-800-WHEELCHAIR.COM	Lisa Stapley	800-320-7140	\$480.00
2			
3			
Vendor Selected:	1-800-WHEELCHAIR.COM	Reason Selected:	<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other
DO NOT WRITE BELOW THIS LINE			
<input checked="" type="checkbox"/> Approved	Commanding Officer / Fund Chair:		Serial No.:
<input type="checkbox"/> Denied	GARY NEWTON		Date:
<input checked="" type="checkbox"/> Approved	Member Name:		26288
<input type="checkbox"/> Denied	GARY NEWTON		01/13/2021
<input checked="" type="checkbox"/> Approved	Member Name:		Serial No.:
<input type="checkbox"/> Denied	S. YIN		47616
<input type="checkbox"/> Approved	Commanding Officer, SSG:		Date:
<input type="checkbox"/> Denied			36468
<input type="checkbox"/> Approved	Commanding Officer, ASB:	Signature:	Serial No.:
<input type="checkbox"/> Denied			Date:

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED		ITEM(s) REQUESTED:			CONTROL NUMBER	
05/10/2021		DirecTV			IWF- 21-027	
Submitted by:		Serial No.		Assignment:		Phone:
D.O. Camarena		N4206		MJS/CSD		
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	AREAS		32705
	NEW		77TH	ALL	Admin Section Review Signature:	
	OTHER (explain below)		VJS	OTHER (explain):		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

DirecTV Invoice # 018835073X210502, monthly payment for TV service.

Justification for expenditure (how will the expenditure benefit inmates):

TV service for arrestees in housing units per Title 15.

Reason City resources were not used for expenditure:

Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.

Estimated Cost:	\$335.24	Actual Cost:	\$335.24	City Approved Vendor:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name		Contact	Phone:	Estimate:
1	DirecTV	Customer Service	888-388-4249	\$335.24
2				
3				
Vendor Selected:		DirecTV	Reason Selected:	<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>Gary D. Camarena</i>	Serial No.:	Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>GARY NEWTON</i>	Serial No.:	Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt. II B. Valle</i>	Serial No.:	Date:
Required if Over \$40,000	Commanding Officer, SSO:	Signature:	Serial No.:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			Date:
Required if Over \$50,000	Commanding Officer, ASB:	Signature:	Serial No.:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			Date:

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER		
05/20/21		GUARDIAN SPARTAN BATTERY COVER				IWF 21-029		
Submitted by:		Serial No.		Assignment:		Phone:		
SDO BRYANT		N4517		CSD				
Type of Expenditure:		Facility		Section OIC Approval Signature:			Serial No.	
<input checked="" type="checkbox"/>	REOCCURRING		MJS	AREAS				36168
	NEW		77TH	<input checked="" type="checkbox"/>	ALL	Admin Section Review Signature:		
	OTHER (explain below)		VJS	OTHER (explain):				
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):								
Replacement battery cover for Guardian Spartan devices.								
Justification for expenditure (how will the expenditure benefit inmates):								
This payment is for 10 replacement battery covers to secure the Spartan device and battery while utilizing during inmate welfare checks to benefit inmates while in custody.								
Reason City resources were not used for expenditure:								
No City funds are allocated.								
Estimated Cost:		\$ 270.00	Actual Cost:	\$ 270.00	City Approved Vendor:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)								
Company Name		Contact	Phone:	Estimate:				
1	Guardian RFID	Mark Thomson		\$ 270.00				
2								
3								
Vendor Selected:		Eboni Bryant	Reason Selected:	<input type="checkbox"/> Price	<input type="checkbox"/> City Vendor	<input checked="" type="checkbox"/> Other		
DO NOT WRITE BELOW THIS LINE								
<input checked="" type="checkbox"/> Approved	Commanding Officer / Fund Chair:			Serial No.:	Date:			
<input type="checkbox"/> Denied	CAPTAIN DEANNE CRANDLER			26288	05/24/2021			
<input checked="" type="checkbox"/> Approved	Member Name:			Serial No.:	Date:			
<input type="checkbox"/> Denied	GARY NEWTON			47010	05/24/21			
<input checked="" type="checkbox"/> Approved	Member Name:			Serial No.:	Date:			
<input type="checkbox"/> Denied	Sgt II B. Valle			35110	5/20/21			
Required if Over \$40,000		Commanding Officer, SSG:	Signature:		Serial No.:	Date:		
<input type="checkbox"/> Approved								
<input type="checkbox"/> Denied								
Required if Over \$40,000		Commanding Officer, ASB:	Signature:		Serial No.:	Date:		
<input type="checkbox"/> Approved								
<input type="checkbox"/> Denied								

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
05/13/2021	Emergency Call Out, CCTV Not Recording			<i>IWF 21-028</i>
Submitted by:	Serial No.		Assignment:	Phone:
D.O. Marie Graham	N3073		CSD/VJS	
Type of Expenditure:	Facility		Section OIC Approval Signature:	Serial No.
REOCCURRING	MJS	AREAS		<i>27583</i>
X NEW	77TH	ALL	Admin Section Review Signature:	
OTHER (explain below)	X VJS	OTHER (explain):		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

On [REDACTED] it was discovered half the CCTV cameras were not recording. An Emergency call out for Service call was authorized by Captain Newton. System was Rebooted including software and all POE switches, with no improvement, remote access was completed without results additional tech support was acquired and worked with the on-site tech. It was determined that server [REDACTED]

Tech transferred all recordings over to Server [REDACTED] for emergency basis only. Technician was able to get server [REDACTED] back on-line, the existing files were reconfigured and is working again. CCTV System needs to be upgraded to the newest software available with the Verint maintenance agreement.

Justification for expenditure (how will the expenditure benefit inmates):

CCTV systems are essential in providing effective security in jails. The recording servers allow this information to be saved and viewed at later dates or downloaded for permanent record. The recordings are instrumental in analyzing incidents involving use of force and inmate complaints helping to ensure better employee compliance with Department roles.

Reason City resources were not used for expenditure:

Expenditure was not included in the City's budget and directly benefits arrestees.

Estimated Cost:	810.00	Actual Cost:	810.00	City Approved Vendor:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

	Company Name	Contact	Phone:	Estimate:
1	R.K.M Communications	Robert Martin	[REDACTED]	810.00
2				
3				
Vendor Selected:	R.K.M. Communications		Reason Selected:	<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>Caronne Chauvin</i>		Serial No.: <i>26288</i>	Date: <i>5/25/21</i>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>GARRY NEWTON</i>		Serial No.: <i>47010</i>	Date: <i>05/25/21</i>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt II B. Valle</i>		Serial No.: <i>35110</i>	Date: <i>5/25/21</i>
Required if Over \$40,000	Commanding Officer, SSO:		Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				
Required if Over \$50,000	Commanding Officer, ASB:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				

RECEIPTS and DISBURSEMENTS REPORT

DIVISION CSD		TYPE OF FUND INMATE WELFARE FUND	MONTH JUNE 2021	
DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL	
BEGINNING BALANCE				
6/1/21	BANK BALANCE WELLS FARGO BANK [REDACTED]	\$1,233,215.43		
		<u>DEPOSITS IN TRANSIT</u> \$0		
		<u>OUTSTANDING CHECKS</u> \$ 1,586.25		
		TOTAL	\$1,231,629.18	
RECEIPTS THIS MONTH				
6/8/21	WELLS FARGO INTEREST EARNED	\$1.30		
6/15/21	TELMATE LLC INTEREST EARNED FOR THE MONTH OF APRIL	\$6,892.77		
		TOTAL	\$6,894.07	
		BEGINNING BALANCE PLUS RECEIPTS	\$1,238,523.25	
DISBURSEMENTS THIS MONTH				
6/15/21	Check #2008 SOUTHERN CALIF NEWS GROUP IWF21-030	\$5,475.00		
6/15/21	Check #2009 SOUTHERN CALIF NEWS GROUP IWF21-031	\$1,095.00		
6/15/21	Check #2010 RKM COMMUNICATIONS IWF 21-032	\$1493.78		
6/15/21	Check #2011 RKM COMMUNICATIONS IWF 21-033	\$767.00		
6/15/21	Check #2012 ASSI IWF 21-034	\$915.00		
6/15/21	Check #2013 PCD IDENTICARD IWF 21-035	\$1,154.14		
6/15/21	Check #2014 DIRECTV IWF 21-036	\$328.99		
		TOTAL	\$11,228.91	
			\$1,227,294.34	
ENDING BALANCE				
6/30/21	BANK BALANCE [REDACTED]	\$1,237,279.26		
		<u>DEPOSITS IN TRANSIT</u> \$0		
		<u>OUTSTANDING CHECKS</u> \$9,984.92		
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)			
			TOTAL	\$1,227,294.34
DIVISION COMMANDER [REDACTED]	DATE 7/12/21	AUDIT COMMITTEE JEFF WONG N2799 LYNN IKEDA N5845 [REDACTED]	PREPARED BY DO M.CARTER N3754 [REDACTED]	
ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division			TELEPHONE EXTENSION [REDACTED]	

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
06/01/2021	Los Angeles Daily News			IWF-21-030
Submitted by:	Serial No.	Assignment:	Phone:	
D.O. Carter	N3754	MJS/CSD		
Type of Expenditure:	Facility	Section OIC Approval Signature:		Serial No.
<input checked="" type="checkbox"/> REOCCURRING	X MJS	AREAS	36468	
<input type="checkbox"/> NEW	77TH	ALL	Admin Section Review Signature:	
<input type="checkbox"/> OTHER (explain below)	VJS	OTHER (explain):		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

Yearly subscription to the Los Angeles Daily News for 77th Street Jail.

Justification for expenditure (how will the expenditure benefit inmates):

To assure that interested inmates have access to a daily newspaper in general circulation, including a (non-English) publication, as mandated in Title 15 of the Corrections and Standards Authority for Type 1 jail facilities. Required by Youngblood Ruling (Youngblood VS Gates, 1988).

Estimated Cost:	\$5,475.00	Actual Cost:	\$5,475.00	City Approved Vendor:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name		Contact	Phone:	Estimate:
1	Los Angeles Daily News	Mike Jones		\$5,475.00
2				
3				

Vendor Selected:	Los Angeles Daily News	Reason Selected:	<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other
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DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, Fund Chair: <i>Captain Daniel Hanover</i>		Serial No.: 26288	Date: 6/3/2021
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Lt Joe Hanover</i>		Serial No.: 32705	Date: 6/9/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt II B. Valle</i>		Serial No.: 35110	Date: 6/3/21
Required If Over \$10,000	Commanding Officer, SSG:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				
Required If Over \$10,000	Commanding Officer, ASB:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
06/01/2021	Los Angeles Daily News			IWF-21-031
Submitted by:	Serial No.	Assignment:		Phone:
D.O. Carter	N3754	MJS/CSD		
Type of Expenditure:	Facility	Section OIC Approval Signature:		Serial No.
<input checked="" type="checkbox"/> REOCCURRING	MJS	AREAS		36YEP
<input type="checkbox"/> NEW	77TH	ALL	Admin Section Review Signature:	
<input type="checkbox"/> OTHER (explain below)	VJS	<input checked="" type="checkbox"/>	OTHER (explain): HARBOR JAIL	

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

Yearly subscription to the Los Angeles Daily News for Harbor Jail.

Justification for expenditure (how will the expenditure benefit inmates):

To assure that interested inmates have access to a daily newspaper in general circulation, including a (non-English) publication, as mandated in Title 15 of the Corrections and Standards Authority for Type 1 jail facilities. Required by Youngblood Ruling (Youngblood VS Gates, 1988).

Estimated Cost: **\$1,095.00** Actual Cost: **\$1,095.00** City Approved Vendor: Yes No

List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name		Contact	Phone:	Estimate:
1	Los Angeles Daily News	Mike Jones		\$1,095.00
2				
3				

Vendor Selected: **Los Angeles Daily News** Reason Selected: Price City Vendor Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved	Commanding Officer / Fund Chair:		Serial No.:	Date:
<input type="checkbox"/> Denied	<i>CAPTAIN Orlando CHANDLER</i>		<i>26288</i>	<i>6/8/2021</i>
<input checked="" type="checkbox"/> Approved	Member Name:		Serial No.:	Date:
<input type="checkbox"/> Denied	<i>Sgt II B. Valle</i>		<i>38110</i>	<i>6/8/21</i>
<input checked="" type="checkbox"/> Approved	Member Name:		Serial No.:	Date:
<input type="checkbox"/> Denied	<i>Lt Joe Henical</i>		<i>32708</i>	<i>6/8/21</i>
Required to Order \$10,000	Commanding Officer, SBC:		Serial No.:	Date:
<input type="checkbox"/> Approved				
<input type="checkbox"/> Denied				
Required to Order \$80,000	Commanding Officer, ASB:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved				
<input type="checkbox"/> Denied				

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
06/07/2021	New replacement camera to Cell 217 front			IWP 21-032
Submitted by: D.O. Marie Graham	Serial No.	Assignment:		Phone:
	N3073	CSD/VJS		
Type of Expenditure:	Facility	Section OIC Approval Signature:		Serial No.
<input type="checkbox"/> REOCCURRING	MJS	AREAS		33565
X NEW	77TH	ALL	Admin Section Review Signature:	
OTHER (explain below)	X VJS	OTHER (explain):		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

On [REDACTED] camera [REDACTED] stopped working and would not restart. Multiple attempts made without success. The camera recommendation is to replace with a new Verint [REDACTED]

Justification for expenditure (how will the expenditure benefit inmates):

This camera has failed, unable to communicate with the server. Multiple attempts to restart camera have been attempted and were unsuccessful. This is an original camera series [REDACTED] that was installed on December 20, 2011. This camera is out of warranty and Verint will no longer repair this model camera. This camera will assist in monitoring the arrestees that are in this cell, assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with department roles.

Reason City resources were not used for expenditure:

Expenditure was not included in the City's budget and directly benefits arrestees.

Estimated Cost:	1493.78	Actual Cost:	1493.78	City Approved Vendor:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

	Company Name	Contact	Phone:	Estimate:
1	R.K.M Communications	Robert Martin	[REDACTED]	1493.78
2				
3				
Vendor Selected:		R.K.M. Communications	Reason Selected:	<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>Captain Orlando Chancery</i>	Serial No.:	Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>1. Joe Henne</i>	Serial No.:	Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt II B. Valle</i>	Serial No.:	Date:
Required if Over \$40,000 Commanding Officer, CSC:		Signature:	Serial No.:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			Date:
Required if Over \$50,000 Commanding Officer, ASB:		Signature:	Serial No.:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			Date:

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:				CONTROL NUMBER
06/03/2021	Annual Software Maintenance and Support for Foothill Jail CCTV System				70F 21-083
Submitted by:	Serial No.		Assignment:		Phone:
D.O. Marie Graham	N3073		CSD/VJS		
Type of Expenditure:	Facility		Section OIC Approval Signature:		Serial No.
X REOCCURRING	MJS	AREAS			33565
NEW	77TH	ALL	Admin Section Review Signature:		
OTHER (explain below)	X VJS	OTHER (explain):			

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

Annual (one (1) year) of Indirect Gold Software Maintenance, Includes remote Technical Support Assistance on business days 0900 to 1700 local time, online resources, software error corrections, and updates for CCTV system at Foothill Jail. Post warranty additional one(1) year. Coverage through 04/30/2023.

Justification for expenditure (how will the expenditure benefit inmates):

This is for required for the continued maintenance and support for the Cognyte Company formally Verint Company CCTV system and cameras. This warranty will allow Foothill Jail to have continued software support and upgrades to our camera systems. This support is necessary in keeping the cameras operational. This will assist in monitoring the arrestees, to stop fights, suicide attempts and the ingestion of narcotics.

Reason City resources were not used for expenditure:

Expenditure was not included in the City's budget and directly benefits arrestees.

Estimated Cost:	767.00	Actual Cost:	767.00	City Approved Vendor:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

	Company Name	Contact	Phone:	Estimate:
1	R.K.M Communications	Robert Martin		767.00
2				
3				

Vendor Selected:	R.K.M. Communications	Reason Selected:	<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other
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DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer Fund Chair: <i>Coronel Dennis Cunardo</i>	Serial No.:	Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt. II B. Valle</i>	Serial No.:	Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Lt. Joe Hernandez</i>	Serial No.:	Date:
Required if Over \$40,000	Commanding Officer, SSG:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Serial No.:	Date:
Required if Over \$50,000	Commanding Officer, ASB:	Signature:	Serial No.:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			Date:

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
6/8/21	Pacific Camera Replacement			INT 21 - 034
Submitted by:	Serial No.	Assignment:	Phone:	
Allen Hayden	N4461	77th RJS		
Type of Expenditure:	Facility	Section OIC Approval Signature:	Serial No.	
<input type="checkbox"/> REOCCURRING	<input type="checkbox"/> MJS <input checked="" type="checkbox"/> AREAS		31287	
<input checked="" type="checkbox"/> NEW	<input type="checkbox"/> 77TH <input type="checkbox"/> ALL	Admin Section Review Signature:		
<input type="checkbox"/> OTHER (explain below)	<input type="checkbox"/> VJS <input checked="" type="checkbox"/> OTHER (explain):	Pacific Jail		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

ASSI Service Proposal 2021-315; Pacific Area Jail, Replace non-fuctioning, [REDACTED] Verint Fixed Dome Network Camera plus labor.

Justification for expenditure (how will the expenditure benefit inmates):

This proposal will cover the parts and labor ([REDACTED] to replace the non-fuctioning/unrepairable Verint Fixed Dome Network Camera in Cell [REDACTED] at the Pacific Area Jail. This camera is necessary to maintain and record continual observation of cell activity and to provide a safe and secure environment while arrestees are in our custody.

Reason City resources were not used for expenditure:

There are no City or Department funds allocated for this expense.

Estimated Cost:	\$915.00	Actual Cost:	\$915.00	City Approved Vendor:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name	Contact	Phone:	Estimate:
1 ASSI	Emma Gonzalez	[REDACTED]	\$915.00
2			
3			

Vendor Selected: ASSI Reason Selected: Price City Vendor Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>Captain Charles Chandler</i>	Serial No.: ZG288	Date: 6/8/2021
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt II B. Valle</i>	Serial No.: 35110	Date: 6/8/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Lt Joe Henne</i>	Serial No.: 32705	Date: 6/9/21
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required If Over \$40,000 Commanding Officer, SSG:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required If Over \$50,000 Commanding Officer, ASB:	Signature:	Serial No.:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			Date:

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:				CONTROL NUMBER
6/9/21	Arrestee Wristbands & Fasteners				JWF21-035
Submitted by:	Serial No.		Assignment:	Phone:	
Allen Hayden	N4461		77th RJS		
Type of Expenditure:	Facility		Section CIC Approval Signature:	Serial No.	
<input checked="" type="checkbox"/> REOCCURRING	<input type="checkbox"/>	MJS	<input checked="" type="checkbox"/> AREAS	3120	
<input type="checkbox"/> NEW	<input checked="" type="checkbox"/>	77TH	<input type="checkbox"/> ALL	Admin Section Review Signature:	
<input type="checkbox"/> OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/> OTHER (explain):	77th RJS, Harbor Jail, Pacific Jail	

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):

Purchase of secureband wristbands (for Drop and Go use) and steel clincher dual grip fasteners (for heat sealed permanent arrestee court wristbands). PCD Identidcard Account 63I1130621, Quote No. 26374780.

Justification for expenditure (how will the expenditure benefit inmates):

This is a reoccurring expense for wristbands and fasteners that ensure arrestees are issued telephone pin numbers upon entering the jail system via a paper wristband before being booked. Steel clinchers are used to attach permanent wristbands which identify arrestees by name and booking number as they enter and during their stay in our facility. Fasteners are used to assemble arrestee wristbands and court loops (which we cut in half before assembling for court transportation identification resulting in a shortage of provided wristband clinch fasteners).

Reason City resources were not used for expenditure:

There are no City or Department funds allocated for this expense.

Estimated Cost:	\$1,154.14	Actual Cost:	\$1,154.14	City Approved Vendor:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

	Company Name	Contact	Phone:	Estimate:
1	PCD Identidcard	Debra Chavez		\$1,154.14
2			- -	
3			- -	

Vendor Selected: PCD Identidcard Reason Selected: Price City Vendor Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>CAPT. Anna C. CHAMBERLAIN</i>	Signature:	Serial No.: 26288	Date: 6/14/21
<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	Member Name: <i>Lt. Joe Hernandez</i>	Signature:	Serial No.: 32765	Date: 6/9/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt. B. Valle</i>	Signature:	Serial No.: 35110	Date: 6/9/21
<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	Required If Over \$40,000 Commanding Officer, SSG:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	Required If Over \$50,000 Commanding Officer, ASB:	Signature:	Serial No.:	Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied				

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED		ITEM(s) REQUESTED:			CONTROL NUMBER	
06/10/2021		DirecTV			IWF- 21-836	
Submitted by: D.O. Camarena		Serial No. N4206		Assignment: MJS/CSD		Phone: [REDACTED]
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	AREAS	[REDACTED]	32707
	NEW		77TH	ALL	Admin Section Review Signature:	[REDACTED]
	OTHER (explain below)		VJS	OTHER (explain):	[REDACTED]	

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):
DirecTV Invoice # 018835073X210602, monthly payment for TV service.

Justification for expenditure (how will the expenditure benefit inmates):	
TV service for arrestees in housing units per Title 15.	

Reason City resources were not used for expenditure:	
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.	

Estimated Cost:	\$328.99	Actual Cost:	\$328.99	City Approved Vendor:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name		Contact	Phone:	Estimate:
1	DirecTV	Customer Service	888-388-4249	\$328.99
2				
3				

Vendor Selected:	DirecTV	Reason Selected:	<input type="checkbox"/> Price	<input type="checkbox"/> City Vendor	<input checked="" type="checkbox"/> Other
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DO NOT WRITE BELOW THIS LINE

<input type="checkbox"/> Approved	Commanding Officer / Fund Chair:	Captain Orland Chancery	Serial No.:	26288	Date:	6/10/21
<input type="checkbox"/> Denied	Member Name:	Sgt T. YW	Serial No.:	36468	Date:	06/10/21
<input checked="" type="checkbox"/> Approved	Member Name:	Sgt II B. Valle	Serial No.:	35110	Date:	6/10/21
<input type="checkbox"/> Denied	Required if Over \$40,000	Commanding Officer, SSO:	Serial No.:		Date:	
<input type="checkbox"/> Approved	Required if Over \$50,000	Commanding Officer, ASB:	Signature:	Serial No.:	Date:	
<input type="checkbox"/> Denied						

RECEIPTS and DISBURSEMENTS REPORT

DIVISION CSD		TYPE OF FUND INMATE WELFARE FUND	MONTH JULY	YEAR 2021
DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL	
BEGINNING BALANCE				
7/1/21	BANK BALANCE WELLS FARGO BANK [REDACTED]		\$1,237,279.26	
		<u>DEPOSITS IN TRANSIT</u>	\$0	
		<u>OUTSTANDING CHECKS</u>	\$ 9,984.92	
			TOTAL	\$1,227,294.34
RECEIPTS THIS MONTH				
7/9/21	WELLS FARGO INTEREST EARNED	\$0.63		
7/27/21	TELMATE LLC INTEREST EARNED FOR THE MONTH OF MAY	\$8,161.46		
7/14/21 7/19/21	PARTNERS FOR A SAFER AMERICA PARTNERS FOR A SAFER AMERICA	\$250,000.00 \$92,488.00		
			TOTAL	\$350,650.09
		BEGINNING BALANCE PLUS RECEIPTS		\$1,577,944.43
DISBURSEMENTS THIS MONTH				
7/1/21 7/1/21 7/6/21 7/7/21 7/8/21	Check #2015 STAXI IWF 21-019 Check #2016 RKM COMMUNICATIONS IWF 21-037 Check #2017 ASSI SECURITY IWF 21-012 Check #2018 RKM COMMUNICATIONS IWF 21-039 Check #2019 DIRECTV IWF 21-038	\$2,352.00 \$4,560.00 \$34,033.84 \$1458.78 \$335.24		
			TOTAL	\$ 42,739.86
				\$1,535,204.57
ENDING BALANCE				
7/31/21	BANK BALANCE [REDACTED]		\$1,535,204.57	
		<u>DEPOSITS IN TRANSIT</u>	\$0	
		<u>OUTSTANDING CHECKS</u>	\$0	
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)			
			TOTAL	\$1,535,204.57
DIVISION COMMANDER [REDACTED]		DATE 8/12/21	AUDIT COMMITTEE JEFF WONG N2799 LYNN MCKEE DA N5845	PREPARED BY DO M. CARTER N3754 [REDACTED]
ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division				TELEPHONE EXTENSION [REDACTED]

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
3/31/21	Transport Chairs			21-019
Submitted by:	Serial No.	Assignment:	Phone:	
Allen Hayden	N4461	77th RJS		
Type of Expenditure:	Facility	Section OIC Approval Signature:	Serial No.	
<input type="checkbox"/> REOCCURRING	<input type="checkbox"/> MJS	<input type="checkbox"/> AREAS		
<input checked="" type="checkbox"/> NEW	<input checked="" type="checkbox"/> 77TH	<input type="checkbox"/> ALL	Admin Section Review Signature:	
<input type="checkbox"/> OTHER (explain below)	<input type="checkbox"/> VJS	<input type="checkbox"/> OTHER (explain):		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):

Purchase of two Staxi brand transport chairs; AP010-X Staxi commercial chair - Diamond Back model. Quote number ST-00040242.

Justification for expenditure (how will the expenditure benefit inmates):

This IWF is for the purchase of two new Staxi brand Transport Chairs which are used in the jail to transport inmates between floors and throughout the facility. 77th Jail currently only has one Staxi chair that is over 10 years old and is structurally failing (see attached photographs). Staxi chairs are the current standard in hospitals and correctional facilities, they offer better transport capabilities over folding wheelchairs when dealing with medical emergencies and/or uncooperative arrestees.

Reason City resources were not used for expenditure:

There are no City or Department funds allocated for this expense.

*KB'd by Capt. Chandler for
more info. 4/12/21*

Estimated Cost: \$2,352.00 Actual Cost: \$2,352.00 City Approved Vendor: Yes No

List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name		Contact	Phone:	Estimate:
1	Staxi	Lori Studley	877-677-8294	\$2,352.00
2			- - -	
3			- - -	

Vendor Selected: Staxi Reason Selected: Price City Vendor Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>Oscar Chandler</i>	Signature:	Serial No.: 26288	Date: 05-03-21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Garly Newton</i>	Signature:	Serial No.: 47010	Date: 05-01-21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt H. B. Valle</i>	Signature:	Serial No.: 35110	Date: 5/3/21
Required If Over \$40,000	Commanding Officer, SSG:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	Commanding Officer, ASB:	Signature:	Serial No.:	Date:
Required If Over \$50,000				

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
06/01/2021	Biennial Maintenance and Support for Valley Jail CCTV System			TWIP 21-037
Submitted by:	Serial No.		Assignment:	Phone:
D.O. Marie Graham	N3073		CSD/VJS	[REDACTED]
Type of Expenditure:	Facility		Section OTC Approval Signature:	Serial No.
X REOCCURRING	MJS	AREAS	[REDACTED]	27583
NEW	77TH	ALL	Admin Section Review Signature:	
OTHER (explain below)	X VJS	OTHER (explain):		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

Biennial (Two (2) year) of Indirect Gold Software Maintenance, Includes remote Technical Support Assistance on business days 0900 to 1700 local time, online resources, software error corrections, and updates for CCTV system at Valley Jail. Post warranty additional Two(2) year. Coverage will begin 05/01/2021 and end 04/30/2023.

Justification for expenditure (how will the expenditure benefit inmates):

This is for required for the continued maintenance and support for the Cognyte Company formally Verint Company CCTV system and cameras. This warranty will allow Valley Jail to have continued software support and upgrades to our camera systems. This support is necessary in keeping the cameras operational. This will assist in monitoring the arrestees, to stop fights, suicide attempts and the ingestion of narcotics.

Reason City resources were not used for expenditure:

Expenditure was not included in the City's budget and directly benefits arrestees.

Estimated Cost: 4,560.00 Actual Cost: 4,560.00 City Approved Vendor: Yes No

List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name	Contact	Phone:	Estimate:
1 R.K.M Communications	Robert Martin	[REDACTED]	4,560.00
2			
3			
Vendor Selected:	R.K.M. Communications	Reason Selected:	<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>Cowan Dennis Chamber</i>	Serial No.: <i>26288</i>	Date: <i>6/29/21</i>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Gary Newson</i>	Serial No.: <i>47010</i>	Date: <i>06/29/21</i>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt. II B. Valle</i>	Serial No.: <i>35110</i>	Date: <i>6/29/21</i>
Required if Over \$40,000	Commanding Officer, 550:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			
Required if Over \$50,000	Commanding Officer, ASB:	Signature:	Serial No.:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			Date:

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:				CONTROL NUMBER
07/01/21	ASSI Camera Adds				CSD 21-012
Submitted by:	Serial No.		Assignment:		Phone:
Allen Hayden	N4461		77th RJS		
Type of Expenditure:	Facility		Section OIC Approval Signature:		Serial No.
REOCCURRING	MJS	AREAS			47010
✓ NEW	✓ 77TH	ALL	Admin Section Review Signature:		
OTHER (explain below)	VJS	OTHER (explain):			DN-5845
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):					
Proposal 8747-1-0-1; 77th Regional Jail Camera Adds; ASSI to replace existing old TPZ cameras with [REDACTED] mounts, converters, connectors and necessary lift rental.					
Justification for expenditure (how will the expenditure benefit inmates):					
<p>The proposal will cover the removal of the [REDACTED] obsolete (old system) Tilt Pan Zoom Cameras and installation of [REDACTED] enabling overview and detailed surveillance of vital areas. Viewing and capturing this CCTV footage assists in maintaining a safe and secure environment for arrestees and employees and provides a needed resource when conduction investigations into UOF and/or arrestee injury reports. The current TPZ models are not compatible with the system upgrade.</p>					

Reason City resources were not used for expenditure:					
There are no City or Department funds allocated for this expense.					

Estimated Cost:	\$ 34,033.84	Actual Cost:	\$ 34,033.84	City Approved Vendor:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact	Phone:	Estimate:	
1	ASSI	Greg Doyle	[REDACTED]	\$ 34,033.84	
2			[REDACTED]		
3			[REDACTED]		
Vendor Selected:		ASSI	Reason Selected:	<input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other	

DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair:	[REDACTED]	Serial No.:	Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:	[REDACTED]	26288	7/1/2021
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:	[REDACTED]	Serial No.:	Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Sgt II D. Valle	[REDACTED]	47016	07/02/21
<input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, SSG:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB:	Signature:	Serial No.:	Date:

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
06/23/2021	New replacement camera to Back Corridor 100			INWF 21-039
Submitted by:	Serial No.	Assignment:	Phone:	
D.O. Marie Graham	N3073	CSD/VJS		
Type of Expenditure:	Facility	Section OIC Approval Signature:		Serial No.
<input type="checkbox"/> REOCCURRING	MJS	AREAS	33565	
X NEW	77TH	ALL	Admin Section Review Signature:	
OTHER (explain below)	X VJS	OTHER (explain):		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

On [REDACTED] camera stopped working and would not restart. Multiple attempts made without success. The camera recommendation is to replace with a new [REDACTED] lens.

Justification for expenditure (how will the expenditure benefit inmates):

This camera has failed, unable to communicate with the server. Multiple attempts to restart camera have been attempted and were unsuccessful. This is an original camera series [REDACTED] that was installed on December 20, 2011. This camera is out of warranty and Verint will no longer repair this model camera. This camera will assist in monitoring the [REDACTED] at the end of [REDACTED]

Reason City resources were not used for expenditure:

Expenditure was not included in the City's budget and directly benefits arrestees.

Estimated Cost: 1458.78 Actual Cost: 1458.78 City Approved Vendor: Yes No

List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name	Contact	Phone:	Estimate:
1 R.K.M Communications	Robert Martin	[REDACTED]	1458.78
2			
3			
Vendor Selected:	R.K.M. Communications	Reason Selected:	<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>Capt. Oscar C. Cawthon</i>	[REDACTED]	Serial No.: <i>26284</i>	Date: <i>7/7/21</i>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>1st Lt. Joe Hernandez</i>	[REDACTED]	Serial No.: <i>32705</i>	Date: <i>7/7/21</i>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt II B. Vaille</i>	[REDACTED]	Serial No.: <i>35110</i>	Date: <i>7/7/21</i>
Required If Over \$40,000	Commanding Officer, SSO:		Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				
Required If Over \$50,000	Commanding Officer, ASB:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
07/07/2021	DirecTV			IWF-21-038
Submitted by:	Serial No.	Assignment:		Phone:
D.O. Camarena	N4206	MJS/CSD		
Type of Expenditure:	Facility	Section OIC Approval Signature:		Serial No.
<input checked="" type="checkbox"/> REOCCURRING	X	MJS	AREAS	32765
NEW		77TH	ALL	Admin Section Review Signature:
OTHER (explain below)	VJS	OTHER (explain):		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

DirecTV Invoice # 018835073X210702, monthly payment for TV service.

Justification for expenditure (how will the expenditure benefit inmates):

TV service for arrestees in housing units per Title 15.

Reason City resources were not used for expenditure:

Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates.

Estimated Cost:	\$335.24	Actual Cost:	\$335.24	City Approved Vendor:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name		Contact	Phone:	Estimate:
1	DirecTV	Customer Service	888-388-4249	\$335.24
2				
3				
Vendor Selected:		DirecTV	Reason Selected:	<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>GARY NEWTON</i>	Signature:	Serial No.: 26288	Date: 7/7/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>GARY NEWTON</i>	Signature:	Serial No.: 47010	Date: 07/68/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt II B. Valle</i>	Signature:	Serial No.: 35116	Date: 7/7/21
Required If Over \$40,000	Commanding Officer, SSG:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				
Required If Over \$50,000	Commanding Officer, ASB:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				

RECEIPTS and DISBURSEMENTS REPORT

DIVISION CSD		TYPE OF FUND INMATE WELFARE FUND	MONTH AUGUST YEAR 2021	
DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL	
BEGINNING BALANCE				
8/1/21	BANK BALANCE WELLS FARGO BANK [REDACTED]	\$1,535,204.57		
		\$0		
		\$ 0		
		TOTAL	\$1,535,204.57	
RECEIPTS THIS MONTH				
8/10/21	TELMATE LLC INTEREST EARNED FOR THE MONTH OF MAY	\$8,924.65		
8/18/21	PARTNERS FOR A SAFER AMERICA	\$20,475.00		
		TOTAL	\$29,399.65	
		BEGINNING BALANCE PLUS RECEIPTS	1,564,604.22	
DISBURSEMENTS THIS MONTH				
8/3/21	Check #2020 RKM COMMUNICATIONS IWF 21-040	\$1831.28		
8/3/21	Check #2021 FASTSIGNS IWF 21-042	\$635.10		
8/6/21	Check #2022 DIRECTV IWF 21-041	\$335.24		
8/6/21	Check #2023 DAILY NEWS IWF 21-043	\$1957.40		
8/11/21	Check #2024 RKM COMMUNICATIONS IWF 21-044	\$628.26		
8/18/21	Check #2025 ALLIED100-AEDSUPERSTORE IWF 21-045	\$748.38		
8/20/21	Check #2026 MCR MEDICAL IWF 21-046	\$546.96		
8/23/21	Check #2027 HEART CPR IWF 21-047	\$1316.00		
8/25/21	Check #2028 REDCROSS/CPR TRAINING- STUDENT IWF 21-048	\$63.00		
8/25/21	Check #2029 REDCROSS/CPR TRAINING-STUDENT IWF 21-049	\$63.00		
8/25/21	Check #2030 REDCROSS/CPR TRAINING-STUDENT IWF 21-050	\$83.00		
8/25/21	Check #2031 LA DAILY NEWS-VJS IWF 21-051	\$3259.08		
8/31/21	Check #2032 RKM COMMUNICATIONS IWF 21-052	\$516.38		
8/11/21	SERVICE CHARGE	\$590.51		
		TOTAL	\$12,573.59	
			\$1,552,030.63	
ENDING BALANCE				
8/31/21	BANK BALANCE	\$1,557,315.57		
		\$0		
		OUTSTANDING CHECKS	\$5,284.94	
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)			
			TOTAL	\$1,552,030.63
DIVISION COMMANDER [REDACTED]		DATE 2021 9/14/21	AUDIT COMMITTEE JEFF WONG N2799 LYNN IKED [REDACTED]	PREPARED BY DO M.CARTER N3754 [REDACTED]
Commanding Officer Custody Services Division				TELEPHONE EXTENSION [REDACTED]

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
07/26/2021	Replacement CCTV camera and cable rerouting to Jail server			CSD 21-040
Submitted by:	Serial No.		Assignment:	Phone:
D.O. Marie Graham	N3073		CSD/VJS	
Type of Expenditure:	Facility		Section OIC Approval Signature:	Serial No.
<input type="checkbox"/> REOCCURRING	MJS	AREAS		275K3
<input checked="" type="checkbox"/> NEW	77TH	ALL	Admin Section Review Signature:	
OTHER (explain below)	X	VJS	OTHER (explain):	

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):
 New replacement [REDACTED] camera series [REDACTED] including the replacing of the old cable and install CAT 6 Data cabling, run new cabling from Outside Backdoor camera connecting directly to the jail server. This camera will enable the viewing of the area [REDACTED]

Justification for expenditure (how will the expenditure benefit inmates):

The [REDACTED] camera is defective and offline. This camera is essential in assisting in monitoring the [REDACTED]. The camera is necessary to help identify those who wish [REDACTED] to the Valley Jail and monitoring of the [REDACTED]. Camera is an old Pelco camera originally installed to Van Nuys Area for the monitoring of the outside of the Van Nuys Area Facility and Jail. This camera was installed prior to the 2011 Jail system CCTV.

Reason City resources were not used for expenditure:

Expenditure was not included in the City's budget and directly benefits arrestees.

Estimated Cost:	1831.28	Actual Cost:	1831.28	City Approved Vendor:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name	Contact	Phone:	Estimate:
1 R.K.M Communications	Robert Martin	[REDACTED]	1831.28
2			
3			
Vendor Selected:	R.K.M. Communications	Reason Selected:	<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>Captain Dennis Causasa</i>	Serial No.:	262 88	Date: 8/2/2021
<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	Member Name: <i>JOE Hernandez</i>	Serial No.:	327ca	Date: 8/2/2021
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt. II B. Valle</i>	Serial No.:	35110	Date: 7-29-21
Required if Over \$0,000	Commanding Officer, ESG:	Serial No.:		Date:
<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied		Serial No.:		Date:
Required if Over \$0,000	Commanding Officer, ASB:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied			Serial No.:	Date:

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:				CONTROL NUMBER
07/28/2021	Fast Signs				CSD 21-042
Submitted by:	Serial No.		Assignment:	Phone:	
Allen Hayden	N4461		77th RIS		
Type of Expenditure:	Facility		Section <input checked="" type="checkbox"/> Approval Signature:	Serial No.	
<input type="checkbox"/> REOCCURRING	<input type="checkbox"/> MJS	<input type="checkbox"/> AREAS		31237	
<input type="checkbox"/> NEW	<input checked="" type="checkbox"/> 77TH	<input type="checkbox"/> ALL	Admin Section Review Signature:		
<input checked="" type="checkbox"/> OTHER (explain below)	<input type="checkbox"/> VJS	<input type="checkbox"/> OTHER (explain):			

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):

(20) Aluminum Signs, from existing templates, 6" x 8" metal with rounded corners, concerning inmate "Telephone Instructions" Quote/Estimate (EST-63956) total \$635.10. This quote does not include installation (which will be requested from GSD).

Justification for expenditure (how will the expenditure benefit inmates):

FastSigns was contacted and provided quote for 20 replacement aluminum signs needed to switch out with existing non-readable/worn out signs (see attached photograph for example). There will be 12 signs for the basement level booking holding tanks, 6 signs for the housing dormitory day rooms, and 2 spares included in this purchase. Signs provide bilingual instructions for inmates to operate the pin-prompted inmate telephones throughout the jail.

Reason City resources were not used for expenditure:

There are no city funds for this purchase.

Estimated Cost:	\$635.10	Actual Cost:	\$635.10	City Approved Vendor:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name		Contact	Phone:	Estimate:
1	FastSigns	Sheldon Gifford		\$635.10
2			- -	
3			- -	
Vendor Selected:	FastSigns		Reason Selected:	<input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>Commander Orlando Chancery</i>	Serial No.: <i>26288</i>	Date: <i>8/3/2021</i>
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Joe Itenarlor</i>	Serial No.: <i>32705</i>	Date: <i>8/3/2021</i>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt II B. Valle</i>	Serial No.: <i>35110</i>	Date: <i>7/29/21</i>
Required if Over \$40,000	Commanding Officer, SSG:	Signature:	Serial No.: Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			
Required if Over \$50,000	Commanding Officer, ASB:	Signature:	Serial No.: Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER		
08/03/2021		DirecTV				IWF-21-041		
Submitted by:		Serial No.		Assignment:		Phone:		
D.O. Camarena		N4206		MJS/CSD				
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.		
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS			32705
	NEW		77TH		ALL	Admin Section Review Signature:		
	OTHER (explain below)		VJS	OTHER (explain):				

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

DirecTV Invoice # 018835073X210802, monthly payment for TV service.

Justification for expenditure (how will the expenditure benefit inmates):

TV service for arrestees in housing units per Title 15.

Reason City resources were not used for expenditure:

Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.

Estimated Cost:	\$335.24	Actual Cost:	\$335.24	City Approved Vendor:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name		Contact	Phone:	Estimate:
1	DirecTV	Customer Service	888-388-4249	\$335.24
2				
3				

Vendor Selected: DirecTV Reason Selected: Price City Vendor Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved	Commanding Officer Fund Chair:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Denied	<i>CAPTAIN DERRON CHAMBER</i>		26288	8/3/21
<input checked="" type="checkbox"/> Approved	Member Name:		Serial No.:	Date:
<input type="checkbox"/> Denied	<i>GARY NEWTON</i>		47010	8/5/21
<input checked="" type="checkbox"/> Approved	Member Name:		Serial No.:	Date:
<input type="checkbox"/> Denied	<i>Sgt. B. Valle</i>		35110	8/13/21
Required if Over \$40,000	Commanding Officer, <i>Sgt. B. Valle</i>	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved				
<input type="checkbox"/> Denied				
Required If Over \$50,000	Commanding Officer, ASB:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved				
<input type="checkbox"/> Denied				

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
8/4/21	Daily News			IWF-21-043
Submitted by: M. CARTER	Serial No.	Assignment:	Phone:	
	N3754	MJS/CSD		
Type of Expenditure:	Facility	Section OIC Approval Signature:		Serial No.
<input checked="" type="checkbox"/> REOCCURRING	MJS	<input checked="" type="checkbox"/> AREAS		
NEW	77TH	ALL	Admin Section Review Signature:	
OTHER (explain below)	VJS	OTHER (explain):		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

Yearly subscription to the Daily News for Metropolitan Detention Center.

Justification for expenditure (how will the expenditure benefit inmates):

To assure that interested inmates have access to a daily newspaper in general circulation, including a (non-English) publication, as mandated in Title 15 of the Corrections and Standards Authority for Type 1 jail facilities. Required by Youngblood Ruling (Youngblood VS Gates, 1988).

Reason City resources were not used for expenditure:

This expenditure has always been funded through the Inmate Welfare Fund directly benefiting the arrestees.

Estimated Cost: \$1957.40 Actual Cost: \$1957.40 City Approved Vendor: Yes No

List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name		Contact	Phone:	Estimate:
1	DAILY NEWS	Customer Service	818-713-3131	\$1957.40
2				
3				
Vendor Selected:	Daily News		Reason Selected:	<input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>Captain David G. Hunter</i>	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>GARY NEWTON</i>	Signature:	Serial No.:	Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt II B. Valer</i>	Signature:	Serial No.:	Date:
Required if Over \$40,000	Commanding Officer, <i> </i>	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$50,000	Commanding Officer, ASB:	Signature:	Serial No.:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				Date:

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
08/10/2021	Replacement Monitor to 400 Security			<i>IWF 21-044</i>
Submitted by:	Serial No.		Assignment:	Phone:
D.O. Marie Graham	N3073		CSD/VJS	
Type of Expenditure:	Facility		Section OIC Approval Signature:	Serial No.
<input type="checkbox"/> REOCCURRING	MJS	AREAS		<i>27583</i>
<input checked="" type="checkbox"/> NEW	77TH	ALL	Admin Section Review Signature:	
OTHER (explain below)	X VJS	OTHER (explain):		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

RKM will remove and replace BO 32" CCTV color monitor in [REDACTED] with new 43" LED Semi-commercial Monitor 1920 x 1080 HD resolution monitor.

Justification for expenditure (how will the expenditure benefit inmates):

The existing monitor is BO and cannot be repaired. The new monitor will allow [REDACTED] security officers to view live feed video of the arrestees housed in [REDACTED] the new larger display of the individual camera images makes them more useful in detecting the types of activity that jail personal is looking for, assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with department roles.

Reason City resources were not used for expenditure:

Expenditure was not included in the City's budget and directly benefits arrestees.

628.26	628.26	Actual Cost:	628.26	City Approved Vendor:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name		Contact	Phone:	Estimate:
1	R.K.M Communications	Robert Martin	[REDACTED]	628.26
2				
3				
Vendor Selected:		R.K.M. Communications	Reason Selected:	<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other

DO NOT WRITE BELOW THIS LINE

<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>GARY A. CHANDLER</i>		Serial No.:	Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>GARY NEWTON</i>		Serial No.:	Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt 11 B. Valle</i>		Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$40,000 Commanding Officer, SSG:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$50,000 Commanding Officer, ASB:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:				CONTROL NUMBER
08/12/21	ALLIED 100 - AED SUPERSTORE				21-045
Submitted by:	Serial No.		Assignment:		Phone:
Sgt. Bruce Coss	37023		CSD		
Type of Expenditure:	Facility		Section OIC Approval Signature:		Serial No.
<input type="checkbox"/> REOCCURRING	MJS	AREAS			47020
<input checked="" type="checkbox"/> NEW	77TH	ALL	Admin Section Review Signature:		
<input type="checkbox"/> OTHER (explain below)	VJS	<input checked="" type="checkbox"/>	OTHER (explain):	CSD TRAINING UNIT	

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):

PP-ALB-50 - Professional Adult Manikin Face-Shield Lung Bags (50pk)

PP-AEDUT-401 - Professional AED UltraTrainer (4pk)

PP-UTPAD-4 - Adult/Child Training Pads (4 sets)

Justification for expenditure (how will the expenditure benefit inmates):

Supplies for ongoing CPR training for CSD detention staff

Reason City resources were not used for expenditure:

No City funds are allocated.

Estimated Cost:	\$ 748.38	Actual Cost:	\$ 748.38	City Approved Vendor:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

	Company Name	Contact	Phone:	Estimate:
1	Allied 100 - AED Superstore		(800) 544-0048	\$ 748.38
2				
3				
Vendor Selected:	Allied 100 - AED Superstore		Reason Selected:	<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>Cor. Dennis Crimmins</i>		Serial No.:	26288	Date:	08-12-21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Gary Newton</i>		Serial No.:	47010	Date:	08-12-21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt. B. Valle</i>		Serial No.:	35110	Date:	8-12-21
Required if Over \$40,000	Commanding Officer, SSG:	Signature:	Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$50,000	Commanding Officer, ASB:	Signature:	Serial No.:	Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied						

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	GPM(S) REQUESTED		CONTROL NUMBER
8/18/21	CPR One-Way Valves		JWF 21 - 046
Submitted by:	Serial No.	Assignment:	Phone:
SDO Castrellon	G9155	VJS	
Type of Expenditure:	Facility	Section OIC Approval Signature:	Serial No.
<input type="checkbox"/> REOCCURRING	<input type="checkbox"/> MJS	<input type="checkbox"/> AREAS	
<input checked="" type="checkbox"/> NEW	<input type="checkbox"/> 77TH	<input checked="" type="checkbox"/> ALL	Admin Section Review Signature:
OTHER (explain below)	<input type="checkbox"/> VJS	<input type="checkbox"/> OTHER (explain):	

Description of expenditure (Include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

(5) 100 MCRTV Individually wrapped in zipper mesh bag with carabiner.

Justification for expenditure (how will the expenditure benefit inmates):

To ensure the well being of all arrestees, the one-way valves will be utilized to train staff how to effectively perform CPR during inmate medical emergencies.

Person City resources were not used for expenditure

The equipment was not included in the Division's budget.

Estimated Cost:	\$546.96	Actual Cost:	\$546.96	City Approved Vendor:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Line	Company Name	Contact	Phone#	Estimate:	
1	MCR Medical	MacKenzie Sales	614-782-2100	\$546.96	
2					
3					
Vendor Selected: AED Superstore			Reason Selected:	<input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other	

DO NOT WRITE BELOW THIS LINE

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:				CONTROL NUMBER
8/23/21	Red Cross CPR First Aid Instructor Course				IWF 21 - 047
Submitted by:	Serial No.		Assignment:		Phone:
DO Richard Lomeli	N5770		CSD		[REDACTED]
Type of Expenditure:	Facility		Section OIC Approval Signature:		Serial No.
<input type="checkbox"/> REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/> AREAS		
<input checked="" type="checkbox"/> NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/> ALL	Admin Section Review Signature:	
<input type="checkbox"/> OTHER (explain below)	<input type="checkbox"/>	VJS	<input checked="" type="checkbox"/> OTHER (explain):		

Description of expenditure (Include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):

Red Cross CPR First Aid Instructor Course Fee (4)

Justification for expenditure (how will the expenditure benefit inmates):

Certifying Custody Services Division Instructors in the Red Cross CPR/AED/First Aid Instructional course, for CSD In-Service Training.

Reason City resources were not used for expenditure:

City funds are not budgeted for this expense.

Estimated Cost:	\$1,316.00	Actual Cost:	\$1,316.00	City Approved Vendor:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name		Contact	Phone:	Estimate:
1	Heart CPR	Lee Stephenson	800-916-1213	\$1,316.00
2			-	
3			-	
Vendor Selected:		Reason Selected:	<input checked="" type="checkbox"/> Price	<input type="checkbox"/> City Vendor
			<input type="checkbox"/> Other	

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>Cooper Richard CHANDLER</i>	Serial No.: <i>26288</i>	Date: <i>08/23/21</i>	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>GARY NEWTON</i>	Serial No.: <i>47010</i>	Date: <i>08/23/21</i>	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt 11 B. Valle</i>	Serial No.: <i>35110</i>	Date: <i>8/23/21</i>	
Required if Over \$40,000	Commanding Officer, SSG:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied				
Required if Over \$50,000	Commanding Officer, ASB:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied				

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER	
8/23/21		Red Cross Adult CPR/AED Training and Trng Mask				IWF 21- 048	
Submitted by:		Serial No.		Assignment:		Phone:	
DO Richard Lomeli		N5770		CSD			
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.	
<input type="checkbox"/>	REQCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	47010	
<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input checked="" type="checkbox"/>	OTHER (explain):		
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):							
Reimbursement of tuition for the Red Cross Adult CPR/AED Certification Course.							
Justification for expenditure (how will the expenditure benefit inmates):							
Instructional staff attended Adult CPR/AED as a prerequisite for the Red Cross CPR First Aid Instructor Course.							
Reason City resources were not used for expenditure:							
City funds are not budgeted for this expense.							
Estimated Cost:		\$63.00	Actual Cost:	\$63.00	City Approved Vendor:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	Richard Lomeli			47010		\$63.00	
2				-			
3				-			
Vendor Selected:				Reason Selected:		<input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>GARY NEWTON</i>				Serial No.:	Date:	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sam YIN</i>				47010	08-24-21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt. H. B. Valle</i>				36468	08/25/21	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$40,000 Commanding Officer, SSG:		Signature:		35110	Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$50,000 Commanding Officer, ASB:		Signature:		Serial No.:	Date:	

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
8/23/21	Red Cross Adult CPR/AED Training and Trng Mask			IEWF 21 - 049
Submitted by: DO Richard Lomeli	Serial No. N5770	Assignment: CSD	Phone:	
Type of Expenditure:	Facility	Section OIC Approval Signature:		Serial No. 47016
<input type="checkbox"/> REOCCURRING	<input type="checkbox"/> MJS	<input type="checkbox"/> AREAS		
<input checked="" type="checkbox"/> NEW	<input type="checkbox"/> 77TH	<input type="checkbox"/> ALL	Admin Section Review Signature	
<input type="checkbox"/> OTHER (explain below)	<input type="checkbox"/> VJS	<input checked="" type="checkbox"/> OTHER (explain):		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):

Reimbursement of tuition for the Red Cross Adult CPR/AED Certification Course.

Justification for expenditure (how will the expenditure benefit inmates):

Instructional staff attended Adult CPR/AED as a prerequisite for the Red Cross CPR First Aid Instructor Course.

Reason City resources were not used for expenditure:

City funds are not budgeted for this expense.

Estimated Cost:	\$63.00	Actual Cost:	\$63.00	City Approved Vendor:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

	Company Name	Contact	Phone:	Estimate:
1	Mario Marquez			\$63.00
2				
3				

Vendor Selected: Reason Selected: Price City Vendor Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>GARY NEWTON</i>		Serial No.: <i>47010</i>	Date: <i>08-24-21</i>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sam Yin</i>		Serial No.: <i>36468</i>	Date: <i>08/25/21</i>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt. II B. Valle</i>		Serial No.: <i>35110</i>	Date: <i>8/25/21</i>
<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	Required if Over \$40,000 Commanding Officer, SSG:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	Required if Over \$50,000 Commanding Officer, ASB:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied			Serial No.:	Date:

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
8/23/21	Red Cross Adult CPR/AED Training and Trng Mask			FWF 21 - 050
Submitted by:	Serial No.	Assignment:	Phone:	
DO Richard Lomeli	N5770	CSD		
Type of Expenditure:	Facility	Section OIC Approval Signature:	Serial No.	
<input type="checkbox"/> REOCCURRING	<input type="checkbox"/> MJS	<input type="checkbox"/> AREAS	47018	
<input checked="" type="checkbox"/> NEW	<input type="checkbox"/> 77TH	<input type="checkbox"/> ALL	Admin Section Review Signature:	
<input type="checkbox"/> OTHER (explain below)	<input type="checkbox"/> VJS	<input checked="" type="checkbox"/> OTHER (explain):		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):

Reimbursement of tuition for the Red Cross Adult CPR/AED Certification Course.

Justification for expenditure (how will the expenditure benefit inmates):

Instructional staff attended Adult CPR/AED as a prerequisite for the Red Cross CPR First Aid Instructor Course.

Reason City resources were not used for expenditure:

City funds are not budgeted for this expense.

Estimated Cost:	\$83.00	Actual Cost:	\$83.00	City Approved Vendor:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name	Contact	Phone:	Estimate:
1 Jessica Quintero			\$83.00
2		- -	
3		- -	

Vendor Selected:	Reason Selected:	<input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other
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DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>Gary Newton</i>	Serial No.: 47010	Date: 08-24-21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>SAM YIN</i>	Serial No.: 36468	Date: 08/25/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt B. Valle</i>	Serial No.: 35110	Date: 8/25/21
Required if Over \$40,000	Commanding Officer, SSG:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			
Required if Over \$50,000	Commanding Officer, ASB:	Signature:	Serial No.:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			Date:

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
8/25/21	English Newspaper			IWF-21-051
Submitted by:	Serial No.	Assignment:	Phone:	
M. CARTER	N3754	VJS/CSD		
Type of Expenditure:	Facility	Section OIC Approval Signature:		Serial No.
<input checked="" type="checkbox"/> REOCCURRING	MJS	AREAS	36468	
NEW	77TH	ALL	Admin Section Review Signature:	
OTHER (explain below)	X	VJS	OTHER (explain):	

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

Yearly subscription to the Daily News (English newspaper) for Van Nuys Jail.

Justification for expenditure (how will the expenditure benefit inmates):

To assure that interested inmates have access to a daily newspaper in general circulation, including a (non-English) publication, as mandated in Title 15 of the Corrections and Standards Authority for Type 1 jail facilities. Required by Youngblood Ruling (Youngblood VS Gates, 1988).

Reason City resources were not used for expenditure:

This expenditure has always been funded through the Inmate Welfare Fund directly benefiting the arrestees.

Estimated Cost:	\$3259.08	Actual Cost:	\$3259.08	City Approved Vendor:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name	Contact	Phone:	Estimate:
1 L.A. DAILY NEWS	Customer Service	818-713-3131	\$3259.08
2			
3			
Vendor Selected:	LA DAILY NEWS		Reason Selected: <input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>GARY NEVISON</i>		Serial No.:	Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>SAM YIN</i>		Serial No.:	<i>08-26-21</i>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt H B. VANCE</i>		Serial No.:	<i>36468</i>
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$40,000 Commanding Officer, SSO:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$50,000 Commanding Officer, ASB:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:				CONTROL NUMBER
08/25/2021	Repair to 400 Security CCTV CPU				<i>IWF 21-05</i>
Submitted by:	Serial No.		Assignment:		Phone:
D.O. Marie Graham	N3073		CSD/VJS		
Type of Expenditure:	Facility		Section OIC Approval Signature:		Serial No.
<input type="checkbox"/> REOCCURRING	MJS	AREAS			33565
<input checked="" type="checkbox"/> NEW	77TH	ALL	Admin Section Review Signature:		
<input type="checkbox"/> OTHER (explain below)	X	VJS	OTHER (explain):		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

Pick up and return of the B/O Security CCTV CPU, computer repair shop found video card BO, new video card installed and tested.

Justification for expenditure (how will the expenditure benefit inmates):

The CPU is necessary to view camera feed in [REDACTED] This CCTV CPU enhances arrestee safety and security and monitoring ability the arrestees in the [REDACTED] of Valley Jail Section.

Reason City resources were not used for expenditure:

Expenditure was not included in the City's budget and directly benefits arrestees.

Estimated Cost: 516.38 Actual Cost: 516.38 City Approved Vendor: Yes No

List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name		Contact	Phone:	Estimate:
1	R.K.M Communications	Robert Martin	[REDACTED]	516.38
2				
3				
Vendor Selected:		R.K.M. Communications	Reason Selected:	<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>Gary Newton</i>			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>SAM YIN</i>			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt 11 B. Valle</i>			
Required if Over \$40,000	Commanding Officer, SSG:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			<i>47010</i>	<i>08-26-21</i>
Required if Over \$50,000	Commanding Officer, ASB:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			<i>36468</i>	<i>08/26/21</i>
			Serial No.:	Date:
			<i>35110</i>	<i>8/30/21</i>
			Serial No.:	Date:

RECEIPTS and DISBURSEMENTS REPORT

TYPE OF FUND

INMATE WELFARE FUND

MONTH

SEPTEMBER 2021

DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL
BEGINNING BALANCE			
9/1/21	BANK BALANCE WELLS FARGO BANK [REDACTED]		\$1,557,315.57
		<u>DEPOSITS IN TRANSIT</u>	\$0
		<u>OUTSTANDING CHECKS</u>	\$ 5,284.94
		TOTAL	\$1,552,030.63
RECEIPTS THIS MONTH			
9/14/21	TELMATE LLC INTEREST EARNED FOR THE MONTH OF	\$8,174.25	
9/30/21	SERVICE CHARGE REVERSE	\$590.51	
9/30/21	SERVICE CHARGE REVERSE	\$573.47	
9/30/21	INTEREST EARNED	\$24.56	
9/30/21	INTEREST EARNED	\$15.24	
		TOTAL	\$9,378.03
		BEGINNING BALANCE PLUS RECEIPTS	1,561,408.66
DISBURSEMENTS THIS MONTH			
9/16/21	Check #2033 ASSI SECURITY IWF 21-053	\$44,301.89	
9/24/21	Check #2034 DIRECTV IWF 21-054	\$328.99	
9/13/21	SERVICE CHARGE	\$573.47	
		TOTAL	\$ 45,204.35
			\$1,516,204.31
ENDING BALANCE			
9/30/21	BANK BALANCE		\$1,516,533.30
		<u>DEPOSITS IN TRANSIT</u>	\$0
		<u>OUTSTANDING CHECKS</u>	\$328.99
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)		
		TOTAL	\$1,516,204.31
DIVISION COMMANDER [REDACTED]	DATE 10/12/21	AUDIT COMMITTEE JEFF WONG N2799 LYNN IKEDA N5 [REDACTED]	PREPARED BY DO M.CARTER N3754 [REDACTED]
ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division			TELEPHONE EXTENSION [REDACTED]

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
09/01/21	CCTV & Jail Control and Intercom Units			IWF 21-053
Submitted by:	Serial No.	Assignment:	Phone:	
Captain Gary Newton	47010	CSD		
Type of Expenditure:	Facility	Section CIS Approval Signature:	Serial No.	
<input type="checkbox"/> REOCCURRING	MJS	AREAS	36468	
<input checked="" type="checkbox"/> NEW	77TH	ALL	Admin Section Review Signature:	
<input checked="" type="checkbox"/> OTHER (explain below)	VJS	OTHER (explain):	Final payment	

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

This IWF is to pay off balance for installation of 77th RJS' CCTV & intercom system (ASSI proposal #7851-4-0-2).

Justification for expenditure (how will the expenditure benefit inmates):

Adequate surveillance is essential and directly benefits the safety and security of all inmates in the jail. CCTV provides improved visual coverage, monitors inmate activity, provides visual evidence, maintains order in common areas, as well as monitors officer interactions. Jail controls are vital in the timely entrance and exit of persons from cells and secure areas. Intercoms are vital for staff to communicate with inmates in cells in the event of medical distress, altercations or other needed purposes.

Reason City resources were not used for expenditure:

No City funds were allocated.

Estimated Cost:	\$ 44,301.89	Actual Cost:	\$ 44,301.89	City Approved Vendor:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name	Contact	Phone:	Estimate:
1 ASSI Security	Larry Picone		\$ 44,301.89
2			
3			

Vendor Selected:	ASSI Security	Reason Selected:	<input type="checkbox"/> Price	<input type="checkbox"/> City Vendor	<input checked="" type="checkbox"/> Other
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DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: GARY NEWTON	Signature:	Serial No.:	Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: Sgt 11 B. Valle	Signature:	Serial No.:	Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: SGT 2 S. YIN	Signature:	Serial No.:	Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, SSG: Vic Davacas Cmor	Signature:	Serial No.:	Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, Admin: N/A Under \$50,000 (per by-laws)	Signature:	Serial No.:	Date:

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
09/02/21	DirecTV			100-21-054
Submitted by:	Serial No.	Assignment:	Phone:	
G. Vu	N2714	MDC		
Type of Expenditure:	Facility	Section DIC Approval Signature:	Serial No.	
<input checked="" type="checkbox"/> REOCCURRING	<input checked="" type="checkbox"/> MJS	AREAS		32705
NEW	77TH	ALL	Admin Section Review Signature:	
OTHER (explain below)	VJS	OTHER (explain)		
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):				
DirecTV invoice #018835073X210902 monthly payment for TV service. Account 018835073				
Justification for expenditure (how will the expenditure benefit inmates):				
TV service for arrestees in housing units per Title 15.				
Reason City resources were not used for expenditure:				
Funds allocated through the use of The Inmate Welfare Fund for the benefit to the inmates.				
Estimated Cost:	\$ 328.99	Actual Cost:	\$ 328.99	City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)				
Company Name	Contact	Phone:	Estimate:	
1 DirecTV	Customer service	(888) 388-4249	\$ 328.99	
2				
3				
Vendor Selected:	DirecTV		Reason Selected:	<input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other
DO NOT WRITE BELOW THIS LINE				
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>GARY NEWTON</i>		Serial No.:	Date: 09/22/21
<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	Member Name: <i>Aleda Lynn</i>		Serial No.:	Date: 9/8/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt II B. Valie</i>		Serial No.:	Date: 9/8/21
Required If Over \$40,000	Commanding Officer, SSG:		Serial No.:	Date:
<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied				
Required If Over \$50,000	Commanding Officer, ASB:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied				

RECEIPTS and DISBURSEMENTS REPORT

TYPE OF FUND

INMATE WELFARE FUND

MONTH
OCTOBERYEAR
2021

DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL
BEGINNING BALANCE			
10/1/21	BANK BALANCE WELLS FARGO BANK [REDACTED]	\$ 1,516,533.30	
		<u>DEPOSITS IN TRANSIT</u> \$0	
		<u>OUTSTANDING CHECKS</u> \$ 328.99	
		TOTAL	\$ 1,516,204.31
RECEIPTS THIS MONTH			
10/5/21	TELMATE LLC INTEREST EARNED FOR THE MONTH OF AUGUST	\$7,126.50	
10/8/21	INTEREST EARNED	\$22.72	
		TOTAL	\$ 7,149.22
		BEGINNING BALANCE PLUS RECEIPTS	\$ 1,523,353.53
DISBURSEMENTS THIS MONTH			
10/1/21	Check #2035 COSTCO IWF 21-055	\$1281.12	
10/7/21	Check #2036 DIRECTV IWF 21-056	\$325.21	
10/13/21	Check #2037 RKM COMMUNICATIONS IWF 21-057	\$1493.78	
10/13/21	Check #2038 GUARDIAN RFID IWF21-058	\$490.00	
		TOTAL	\$ 3,590.11
		\$ 1,519,763.42	
ENDING BALANCE			
10/31/21	BANK BALANCE [REDACTED]	\$1,519,763.42	
		<u>DEPOSITS IN TRANSIT</u> \$0	
		<u>OUTSTANDING CHECKS</u> \$0	
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)		
		TOTAL	\$ 1,519,763.42
DIVISION COMMANDER [REDACTED]	DATE 11/12/21	AUDIT COMMITTEE JEFF WONG N2799 LYNN IKED [REDACTED]	PREPARED BY DO M.CARTER N3754 [REDACTED] TELEPHONE EXTENSION [REDACTED]
ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division			

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
09/30/2021	New Cell Extractions Video Cameras			JWF 21-055
Submitted by:	Serial No.		Assignment:	Phone:
W. Graham	N5997		CSD	
Type of Expenditure:	Facility		Section OIC Approval Signature:	Serial No.
REOCCURRING	MJS	AREAS		32746
X NEW	77TH	X ALL	Admin/Section Review Signature:	
OTHER (explain below)	VJS	OTHER (explain):		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

Three (3), GoPro [REDACTED] Black Action Camera Bundle

Model # [REDACTED]

Accessories Included: Handle Extra Battery, Compact Case and 64GB MicroSD

Justification for expenditure (how will the expenditure benefit inmates):

These cameras will be used to record cell extractions. Cell extractions need to be recorded because there is a high potential for a Use of Force occurring. The video can then be reviewed for inmate injury claims or for training purposes.

Reason City resources were not used for expenditure:

Expenditure was not included in the City's budget and directly benefits arrestees.

Estimated Cost: \$1,169.97 Actual Cost: \$1,281.12 City Approved Vendor: Yes No

List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name	Contact	Phone:	Estimate:
1 BEST BUY	GEORGE [REDACTED]		\$1,478.18
2			
3			

Vendor Selected: Costco Reason Selected: Price City Vendor Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>W. Graham</i>	<input type="checkbox"/> Serial No.: <i>47010</i>	Date: <i>09/30/21</i>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>John - Sam Yin</i>	<input type="checkbox"/> Serial No.: <i>06468</i>	Date: <i>09/30/2021</i>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>W. Graham</i>	<input type="checkbox"/> Serial No.: <i>N5845</i>	Date: <i>09/30/21</i>
Required If Over \$40,000	Commanding Officer, SSO:	<input type="checkbox"/> Serial No.:	Date:
<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	Commanding Officer, ASB:	<input type="checkbox"/> Serial No.:	Date:
Required If Over \$50,000	Signature:	<input type="checkbox"/> Serial No.:	Date:
<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied		<input type="checkbox"/> Serial No.:	Date:

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER		
10/05/2021		DirecTV				IWF-24-056		
Submitted by:		Serial No.		Assignment:		Phone:		
D.O. Camarena		N4206		MJS/CSD				
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.		
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS		AREAS			32765
	NEW		77TH		ALL	Admin Section Review Signature:		
	OTHER (explain below)		VJS		OTHER (explain):			

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

DirecTV Invoice # 018835073X211002, monthly payment for TV service.

Justification for expenditure (how will the expenditure benefit inmates):

TV service for arrestees in housing units per Title 15.

Reason City resources were not used for expenditure:

Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.

Estimated Cost:	\$325.21	Actual Cost:	\$325.21	City Approved Vendor:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name		Contact	Phone:	Estimate:
1	DirecTV	Customer Service	888-388-4249	\$325.21
2				
3				

Vendor Selected: DirecTV Reason Selected: Price City Vendor Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>Gary Newton</i>	Signature: 	Serial No.: 47010	Date: 10/07/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>S. YIN</i>	Signature: 	Serial No.: 36468	Date: 10/07/2021
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Lynn Ikeda</i>	Signature: 	Serial No.: N5845	Date: 10/7/2021
Required If Over \$40,000	Commanding Officer, SSO:		Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
10/12/2021	New replacement camera to Cell 307 Front			IWF 21-057
Submitted by:	Serial No.		Assignment:	Phone:
D.O. Marie Graham	N3073		CSD/VJS	[REDACTED]
Type of Expenditure:	Facility		Section OIC Approval Signature:	Serial No.
<input type="checkbox"/> REOCCURRING	MJS	AREAS	[REDACTED]	33565
X NEW	77TH	ALL	Admin Section Review Signature:	[REDACTED]
OTHER (explain below)	X VJS	OTHER (explain):	[REDACTED]	

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

On [REDACTED] Front camera [REDACTED] stopped working and would not restart. Multiple attempts made without success. The camera recommendation is to replace with a new:

[REDACTED]

Justification for expenditure (how will the expenditure benefit inmates):

This camera has failed, unable to communicate with the server. Multiple attempts to restart camera have been attempted and were unsuccessful. This is an original camera series [REDACTED] that was installed on December 20, 2011. This camera is out of warranty and Verint will no longer repair this model camera. This camera will assist in monitoring the arrestees that are in this cell, assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with department roles.

Reason City resources were not used for expenditure:

Expenditure was not included in the City's budget and directly benefits arrestees.

Estimated Cost:	1493.78	Actual Cost:	1493.78	City Approved Vendor:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name	Contact	Phone:	Estimate:
1 R.K.M Communications	Robert Martin	[REDACTED]	1493.78
2			
3			
Vendor Selected:	R.K.M. Communications	Reason Selected:	<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>GARY NEWTON</i>	[REDACTED]	Serial No.: <i>47010</i>	Date: <i>10-13-21</i>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>JOF J Hernandez</i>	[REDACTED]	Serial No.: <i>32765</i>	Date: <i>10 13 21</i>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>S. YIN</i>	[REDACTED]	Serial No.: <i>36468</i>	Date: <i>10.13.21</i>
Required if Over \$10,000	Commanding Officer, SSO:	[REDACTED]	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		[REDACTED]		
Required if Over \$50,000	Commanding Officer, ASB:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		[REDACTED]		

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER	
10/12/2021	Replacement part for Guardian RFID Spartan			INWF 21-058	
Submitted by:	Serial No.:	Assignment:	Phone:		
Marie Graham	N3073	CSD/VJS			
Type of Expenditure:	Facility:	Section OIC Approval Signature:		Serial No.:	
REOCCURRING	MJS	AREAS			33565
NEW	77TH	ALL	Admin Section Review Signature:		
OTHER (explain below)	X	VJS	OTHER (explain):		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

Ten (10) Guardian RFID SAPARTAN Bottom Bumpers

Ten (10) Guardian RFID SAPARTAN Top Bumpers

Ten (10) Guardian RFID SAPARTAN Battery Cover

Ten (10) Guardian RFID SAPARTAN Hand strap

QUOTE NO. 00004516

Justification for expenditure (how will the expenditure benefit inmates):

These Guardian RFID Spartans are Handheld devices are being taped together, the bumpers and backs are BO and are a crucial component in helping to ensure employee compliance with department roles and Title 15. Guardian RFID is a sole source provider for these needed parts.

Reason City resources were not used for expenditure:

Expenditure was not included in the City's budget and directly benefits arrestees.

Estimated Cost: 490.00 Actual Cost: 490.00 City Approved Vendor: Yes No

List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name	Contact	Phone:	Estimate:
1 Guardian RFID	Misty Anderson		490.00
2			
3			

Vendor Selected: Guardian RFID Reason Selected: Price City Vendor Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>Gately Newton</i>	Serial No.:	Date:	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>J. B. F.</i>	Serial No.:	Date:	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Gately YIN, S.</i>	Serial No.:	Date:	
Required If Over \$40,000	Commanding Officer, SSG:	Signature:	Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required If Over \$50,000	Commanding Officer, ASB:	Signature:	Serial No.:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				Date:

RECEIPTS and DISBURSEMENTS REPORT

TYPE OF FUND

INMATE WELFARE FUND

MONTH
NOVEMBERYEAR
2021

DIVISION CSD		ITEM AND EXPLANATION	AMOUNT	TOTAL
BEGINNING BALANCE				
11/1/21	BANK BALANCE WELLS FARGO BANK [REDACTED]			\$ 1,519,763.42
		<u>DEPOSITS IN TRANSIT</u>	\$0	
		<u>OUTSTANDING CHECKS</u>	\$0	
				<u>TOTAL</u> \$ 1,519,763.42
RECEIPTS THIS MONTH				
11/9/21	TELMATE LLC INTEREST EARNED FOR THE MONTH OF SEPTEMBER		\$5639.17	
11/8/21	INTEREST EARNED		\$14.86	
				<u>TOTAL</u> \$ 5,654.03
		BEGINNING BALANCE PLUS RECEIPTS		\$1,525,417.45
DISBURSEMENTS THIS MONTH				
11/3/21	Check #2039 RKM COMMUNICATIONS IWF 21-059		\$675.00	
11/3/21	Check #2040 PROBOXING EQUIPMENT IWF21-060		\$1,157.29	
11/3/21	Check #2041 PROBOXING EQUIPMENT IWF 21-061		\$1818.79	
11/16/21	Check #2042 DIRECTV IWF21-062		\$321.99	
11/16/21	Check #2043 PERCISION DYNAMIC CORP IWF21-063		\$941.23	
11/16/21	Check #2044 LA DAILY NEWS IWF21-064		\$1,644.98	
11/16/21	Check #2045 HOME DEPOT(EBONI BRYANT) IWF21-065		\$186.04	
11/19/21	Check #2046 BUI UNIFORM CO IWF21-066		\$36,059.45	
				<u>TOTAL</u> \$ 42,804.77
				\$1,482,612.68
ENDING BALANCE				
11/31/21	BANK BALANCE [REDACTED]			\$1,521,648.21
		<u>DEPOSITS IN TRANSIT</u>	\$0	
		<u>OUTSTANDING CHECKS</u>	\$39,035.53	
				(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)
				<u>TOTAL</u> \$ 1,482,612.68
DIVISION COMMANDER	DATE	AUDIT COMMITTEE	PREPARED BY	
[REDACTED]	12/22/21	JEFF WONG N2799 [REDACTED] JERRY LEE N4522 [REDACTED]	DO M.CARTER N3754 [REDACTED]	
ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division			TELEPHONE EXTENSION	[REDACTED]

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:				CONTROL NUMBER
10/20/2021	Facility visit to diagnose television cabling issue 103 A, B, C				IWF 21-059.
Submitted by:	Serial No.		Assignment:	Phone:	
D.O. Marie Graham	N3073		CSD/VJS		
Type of Expenditure:	Facility		Section OIC Approval Signature:	Serial No.	
<input type="checkbox"/> REOCCURRING	MJS	AREAS		27583	
X NEW	77TH	ALL	Admin Section Review Signature		
OTHER (explain below)	X	VJS	OTHER (explain):		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):
Facility visit and labor to diagnose and repair cabling issue, to tv and video feed in cells

Justification for expenditure (how will the expenditure benefit inmates):

These televisions are part of the arrestee recreation program and the Alcoholics Anonymous video is deemed beneficial to the arrestees housed at Valley Jail Section and is part of the Daily programs for the Arrestee housed at Valley Jail Section, helping in meeting compliance of Title 15 section 1065. (b)" Exercise and Recreation".

Reason City resources were not used for expenditure:

Expenditure was not included in the City's budget and directly benefits arrestees.

Estimated Cost:	675.00	Actual Cost:	675.00	City Approved Vendor:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name	Contact	Phone:	Estimate:
1 R.K.M Communications	Robert Martin		675.00
2			
3			
Vendor Selected:	R.K.M. Communications	Reason Selected:	<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved	Commanding Officer / Fund Chair:	Serial No.:	Date:
<input type="checkbox"/> Denied	GARY NEWTON	47010	10-26-21
<input checked="" type="checkbox"/> Approved	Member Name:	Serial No.:	Date:
<input type="checkbox"/> Denied	De Hernandez	32745	10-26-21
<input checked="" type="checkbox"/> Approved	Member Name:	Serial No.:	Date:
<input type="checkbox"/> Denied	SGT II B. VALE	35110	10/20/21
Required if Over \$40,000		Serial No.:	Date:
<input type="checkbox"/> Approved	Commanding Officer, SSG:		
<input type="checkbox"/> Denied			
Required if Over \$50,000		Serial No.:	Date:
<input type="checkbox"/> Approved	Commanding Officer, ASB:		
<input type="checkbox"/> Denied			
<input type="checkbox"/> Approved	Signature:	Serial No.:	Date:
<input type="checkbox"/> Denied			

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:				CONTROL NUMBER
10/27/21	Training - Protective Head Gear				IWF 21-060
Submitted by:	Serial No.		Assignment:	Phone:	
Sgt. Coss	37023		TU		
Type of Expenditure:	Facility		Section	PIC Approval Signature:	Serial No.
REOCCURRING	MJS	AREAS			37023
✓ NEW	77TH	✓ ALL	Admin Section Review Signature:		
OTHER (explain below)	VJS	OTHER (explain):			

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):

30 - Protective Training Gloves

Justification for expenditure (how will the expenditure benefit inmates):

The use of protective training gloves for recruit custody personnel will minimize the potential for injury during Standards and Training for Corrections (STC) and Department mandated ARCON self defense training. The training gloves will be worn by all recruit officers in the performance of these activities, reducing injury from hand to hand self defense or during cell extraction training. The use of the equipment/training will help reduce potential injury to inmates.

2 of 2

Reason City resources were not used for expenditure:

City funds were not budgeted for this expense.

Estimated Cost:	\$ 1,157.29	Actual Cost:	\$ 1,157.09	City Approved Vendor:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name	Contact	Phone:	Estimate:
1 Pro Boxing Equipment	Moe		\$ 1,157.29
2			
3			
Vendor Selected:	Reason Selected:		<input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>Gary Newton</i>	Serial No.:	Date:
<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	Member Name: <i>S. YIN</i>	Serial No.:	Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt 11 B. Valle</i>	Serial No.:	Date:
Required If Over \$40,000	Commanding Officer, SSG:	Signature:	Serial No.:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB:	Signature:	Serial No.:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			Date:

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER	
10/27/21		Training - Protective Head Gear				FIOP 21-061	
Submitted by:		Serial No.		Assignment:		Phone:	
Sgt. Coss		37023		TU			
Type of Expenditure:		Facility		Section 80-1C Approval Signature:		Serial No.	
REOCCURRING		MJS	AREAS			37023	
NEW		77TH	ALL	Admin Section Review Signature:			
OTHER (explain below)		VJS	OTHER (explain):				
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc): 30 - Protective Boxing Head Gear							

Justification for expenditure (how will the expenditure benefit inmates):

The use of protective boxing head gear for recruit custody personnel will minimize the potential for injury during Standards and Training for Corrections (STC) and Department mandated ARCON self defense training. The protective head gear will be worn by all recruit officers in the performance of these activities, reducing injury from falling and/or colliding with another recruit's head during cell extraction training. The use of the equipment/training will help reduce potential injury to inmates.

1 of 2

Reason City resources were not used for expenditure:

City funds were not budgeted for this expense.

Estimated Cost:	\$ 1,818.79	Actual Cost:	\$ 1,818.79	City Approved Vendor:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name		Contact	Phone:	Estimate:
1	Pro Boxing Equipment	Moe		\$ 1,818.79
2				
3				
Vendor Selected:		Reason Selected:	<input checked="" type="checkbox"/> Price	<input type="checkbox"/> City Vendor <input type="checkbox"/> Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>GARY NEWTON</i>	Serial No.: <i>47010</i>	Date: <i>10-27-21</i>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>S. YIN</i>	Serial No.: <i>36468</i>	Date: <i>10/27/21</i>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt. TB. Vaille</i>	Serial No.: <i>35110</i>	Date: <i>10-27-21</i>
Required If Over \$40,000	Commanding Officer, SSG:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			
Required If Over \$10,000	Commanding Officer, ASB:	Signature:	Serial No.:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			Date:

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:				CONTROL NUMBER
11/09/2021	DirecTV				IWF- 21-062
Submitted by:	Serial No.		Assignment:		Phone:
D.O. Camarena	N4206		MJS/CSD		
Type of Expenditure:	Facility		Section OIC Approval Signature:		Serial No.
<input checked="" type="checkbox"/> REOCCURRING	X	MJS	AREAS		327105
NEW		77TH	ALL	Admin Section Review Signature:	
OTHER (explain below)		VJS	OTHER (explain):		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

DirecTV Invoice # 018835073X2111002, monthly payment for TV service.

Justification for expenditure (how will the expenditure benefit inmates):

TV service for arrestees in housing units per Title 15.

Reason City resources were not used for expenditure:

Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.

Estimated Cost:	\$321.99	Actual Cost:	\$321.99	City Approved Vendor:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name		Contact	Phone:	Estimate:
1	DirecTV	Customer Service	888-388-4249	\$321.99
2				
3				
Vendor Selected:		DirecTV	Reason Selected:	<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved	Commanding Officer / Fund Chair:	Serial No.:	Date:
<input type="checkbox"/> Denied	Osawoo Chandler	26288	11/10/21
<input checked="" type="checkbox"/> Approved	Member Name:	Serial No.:	Date:
<input type="checkbox"/> Denied	GARRY NEWTON	47010	11/10/21
<input checked="" type="checkbox"/> Approved	Member Name:	Serial No.:	Date:
<input type="checkbox"/> Denied	Sgt. II B. Valle	35110	11/19/21
Required if Over \$40,000	Commanding Officer, SSG:	Serial No.:	Date:
<input type="checkbox"/> Approved			
<input type="checkbox"/> Denied			
Required if Over \$50,000	Commanding Officer, ASB:	Signature:	Serial No.:
<input type="checkbox"/> Approved			Date:
<input type="checkbox"/> Denied			

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER	
11/09/2021		PDC				IWF- 21-063	
Submitted by:		Serial No.		Assignment:		Phone:	
D.O. Camarena		N4206		MJS/CSD			
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.	
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS		
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature:	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	OTHER (explain):			

Description of expenditure (include detailed information; i.e. make, model, accessory equipment, size, installation requirements, etc.):

PDC Invoice # 9344858920, for arrestee wrist bands.

Laminator, Item #705-00-PDA, \$595.00

Laminator, Item #698-00-PDA \$ 331.43

Total 941.23

Justification for expenditure (how will the expenditure benefit inmates):

Laminators are needed for inmate's wrist bands.

Reason City resources were not used for expenditure:

Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.

Estimated Cost:	\$941.23	Actual Cost:	\$941.23	City Approved Vendor:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name		Contact	Phone:	Estimate:
1	PDC	Customer Service		\$941.23
2				
3				

Vendor Selected:	PDC	Reason Selected:	<input type="checkbox"/> Price	<input type="checkbox"/> City Vendor	<input checked="" type="checkbox"/> Other
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DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved	Commanding Officer / Fund Chair:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Denied	<i>Deanne Camarena</i>		26288	11/10/21
<input checked="" type="checkbox"/> Approved	Member Name:		Serial No.:	Date:
<input type="checkbox"/> Denied	<i>Deanne Camarena</i>		47010	11/10/21
<input checked="" type="checkbox"/> Approved	Member Name:		Serial No.:	Date:
<input type="checkbox"/> Denied	<i>Deanne Camarena</i>		35110	11/10/21
Required if Over \$40,000		Commanding Officer, SSO:	Serial No.:	Date:
<input type="checkbox"/> Approved				
<input type="checkbox"/> Denied				
Required if Over \$50,000		Commanding Officer, ASB:	Signature:	Serial No.:
<input type="checkbox"/> Approved				Date:
<input type="checkbox"/> Denied				

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
11/10/21	English Newspaper			IWF-21- 044
Submitted by:	Serial No.	Assignment:	Phone:	
M. CARTER	N3754	MJS/CSD		
Type of Expenditure:	Facility	Section	OIC Approval Signature:	Serial No.
<input checked="" type="checkbox"/> REOCCURRING	MJS	AREAS		<i>SL710</i>
NEW	77TH	ALL	Admin Section Review Signature:	
OTHER (explain below)	VJS	<input checked="" type="checkbox"/>	OTHER (explain): <i>HOLLYWOOD JAIL</i>	

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

Yearly subscription to the Daily News (English newspaper) for Hollywood Jail.

Justification for expenditure (how will the expenditure benefit inmates):

To assure that interested inmates have access to a daily newspaper in general circulation, including a (non-English) publication, as mandated in Title 15 of the Corrections and Standards Authority for Type 1 jail facilities. Required by Youngblood Ruling (Youngblood VS Gates, 1988).

Reason City resources were not used for expenditure:

This expenditure has always been funded through the Inmate Welfare Fund directly benefiting the arrestees.

Estimated Cost:	\$1,644.98	Actual Cost:	\$1,644.98	City Approved Vendor:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name		Contact	Phone:	Estimate:
1	L.A. DAILY NEWS	Customer Service	818-713-3131	\$1,644.98
2				
3				

Vendor Selected:	LA DAILY NEWS	Reason Selected:	<input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other
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DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>Orlando Chandler</i>	Signature: 	Serial No.: 26288	Date: 11/10/2021
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>GARY NEWTON</i>		Serial No.: 47010	Date: 11/15/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt II B. Valle</i>		Serial No.: 35110	Date: 11/15/21
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, SSO:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, A&B:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
11/15/21	TP LINK GIGABIT SWITCH			760F 21 - 065
Submitted by:	Serial No.	Assignment:	Phone:	
SDO BRYANT	N4517	CSD		
Type of Expenditure:	Facility	Section OIC Approval Signature:		Serial No.
<input type="checkbox"/> REOCCURRING	MJS	AREAS		327165
<input checked="" type="checkbox"/> NEW	77TH	<input checked="" type="checkbox"/> ALL	Admin <i>O</i> Section Review Signature:	
OTHER (explain below)	VJS	OTHER (explain):		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):

10-TP LINK - 5 PORT GIGABIT SWITCH

Justification for expenditure (how will the expenditure benefit inmates):

This purchase was for ten Ethernet splitters to connect the Axon Taser 7 to LAPD's Local Area Network (LAN).

Reason City resources were not used for expenditure:

No City funds are allocated.

Estimated Cost:	\$ 186.04	Actual Cost:	\$ 186.04	City Approved Vendor:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name		Contact	Phone:	Estimate:
1	Eboni Bryant	Eboni Bryant		\$ 186.04
2				
3				
Vendor Selected:		Eboni Bryant	Reason Selected:	<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>CRANDON CHAMOUE</i>	Serial No.:	Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>GARY NEWTON</i>	Serial No.:	Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt. II R. valle</i>	Serial No.:	Date:
Required if Over \$40,000	Commanding Officer, SSG:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB:	Signature:	Serial No.:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			Date:

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
11/09/2021	BUI UNIFORM CO.			IWF- 24-064
Submitted by:	Serial No.		Assignment:	Phone:
D.O. Camarena	N4206		MJS/CSD	
Type of Expenditure:	Facility		Section OIC Approval Signature:	Serial No.
<input checked="" type="checkbox"/> REOCCURRING	<input checked="" type="checkbox"/> MJS	<input type="checkbox"/> AREAS		327168
<input type="checkbox"/> NEW	<input checked="" type="checkbox"/> 77TH	<input type="checkbox"/> ALL	Admin Section Review Signature:	
<input type="checkbox"/> OTHER (explain below)	<input checked="" type="checkbox"/> VJS	OTHER (explain):		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

BUI Uniform Co. Quotation # 6037, Replacement Blanket (Style 9800) and Mattress Cover (Style 9810) for MDC.

1. Blanket: Style # 9800, 300 Quantity, \$70.95 Price, \$21,285.00 Amount
2. Mattress Cover: Style 9810, 600 Quantity, \$19.41 Price, \$11,646.00 Amount

TOTAL \$36,059.45

Justification for expenditure (how will the expenditure benefit inmates):

Blankets and Mattress Covers are for arrestees in housing units, per Title 15.

Reason City resources were not used for expenditure:

Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.

Estimated Cost:	\$36,059.45	Actual Cost:	\$36,059.45	City Approved Vendor:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name		Contact	Phone:	Estimate:
1	BUI Uniform Co.	Customer Service		\$36,059.45
2				
3				

Vendor Selected:	BUI Uniform Co.	Reason Selected:	<input type="checkbox"/> Price	<input checked="" type="checkbox"/> City Vendor	<input type="checkbox"/> Other
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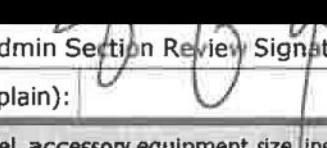
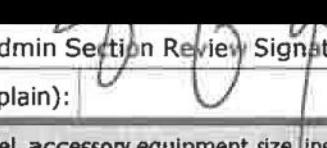
DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved	Commanding Officer / Fund Chair:		Serial No.:	Date:
<input type="checkbox"/> Denied	<i>Osvaldo Camarena</i>		26286	11/19/2021
<input checked="" type="checkbox"/> Approved	Member Name:		Serial No.:	Date:
<input type="checkbox"/> Denied	<i>GARY NEWTON</i>		47010	11/10/21
<input checked="" type="checkbox"/> Approved	Member Name:		Serial No.:	Date:
<input type="checkbox"/> Denied	<i>Sgt. II B. Valle</i>		35110	11/19/21
Required if Over \$40,000 Commanding Officer, CSC:			Serial No.:	Date:
<input type="checkbox"/> Approved				
<input type="checkbox"/> Denied				
Required if Over \$50,000 Commanding Officer, ASB:	Signature:		Serial No.:	Date:
<input type="checkbox"/> Approved				
<input type="checkbox"/> Denied				

RECEIPTS and DISBURSEMENTS REPORT

DIVISION CSD		TYPE OF FUND INMATE WELFARE FUND		MONTH DECEMBER	YEAR 2021
DATE	ITEM AND EXPLANATION		AMOUNT	TOTAL	
BEGINNING BALANCE					
12/1/21	BANK BALANCE WELLS FARGO BANK [REDACTED]			\$ 1,521,648.21	
			<u>DEPOSITS IN TRANSIT</u>	\$ 39,035.53	
			<u>OUTSTANDING CHECKS</u>	\$ 0	
				TOTAL	\$ 1,482,612.68
RECEIPTS THIS MONTH					
12/21/21	TELMATE LLC INTEREST EARNED FOR THE MONTH OF SEPTEMBER			\$ 1314.54	
12/8/21	INTEREST EARNED			\$ 2.27	
				TOTAL	\$ 1316.81
			BEGINNING BALANCE PLUS RECEIPTS	\$ 1,483,929.49	
DISBURSEMENTS THIS MONTH					
12/9/21	Check#2047 VOIDED			\$ 0.00	
12/9/21	Check#2049 VOIDED			\$ 0.00	
12/9/21	Check # 2048 DIRECTV IWF 21-068			\$ 321.98	
12/17/21	Check # 2050 ASSI SECURITY IWF21-070			\$ 685.00	
				TOTAL	\$ 1006.99
				\$ 1,482,922.50	
ENDING BALANCE					
12/31/21	BANK BALANCE			\$ 1,483,607.50	
			<u>DEPOSITS IN TRANSIT</u>	\$ 0	
			<u>OUTSTANDING CHECKS</u>	\$ 685.00	
				(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)	
				TOTAL \$ 1,482,922.50	
DIVISION COMMANDER [REDACTED]		DATE 1/12/21	AUDIT COMMITTEE [REDACTED] JEFF WONG N2789 [REDACTED] JERRY LEE N4522	PREPARED BY DO M.CARTER N3754 [REDACTED]	
ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division				TELEPHONE EXTENSION [REDACTED]	

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED		ITEM(s) REQUESTED:			CONTROL NUMBER	
12/07/2021		DirecTV			IWF- 21-068	
Submitted by:		Serial No.		Assignment:		Phone:
D.O. Camarena		N4206		MJS/CSD		██████████
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	AREAS	██████████	32745
	NEW		77TH	ALL	Admin Section Review Signature: 	
	OTHER (explain below)		VJS	OTHER (explain): 		
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): DirecTV Invoice # 018835073X211202, monthly payment for TV service.						
Justification for expenditure (how will the expenditure benefit inmates): TV service for arrestees in housing units per Title 15.						
Reason City resources were not used for expenditure: Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.						
Estimated Cost:		\$321.99	Actual Cost:	\$321.99	City Approved Vendor:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)						
Company Name		Contact		Phone:	Estimate:	
1	DirecTV	Customer Service		888-388-4249	\$321.99	
2						
3						
Vendor Selected:		DirecTV		Reason Selected:	<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE						
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>Captain Ouanne Chander</i>				Serial No.:	Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Gary Newton</i>				Serial No.:	Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt II B. Valie</i>				Serial No.:	Date:
Required If Over \$40,000		Commanding Officer, SSO:		Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied						
Required If Over \$60,000		Commanding Officer, ASB:		Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied						

**INMATE WELFARE FUND
EXPENDITURE CONTROL FORM**

DATE SUBMITTED	ITEM(s) REQUESTED:			CONTROL NUMBER
12/9/21	Installation of backup battery at Pacific Jail			20F21-070
Submitted by: PDO Yue	Serial No.	Assignment:	Phone:	
	G9223	CSD/77th St. RJS		
Type of Expenditure:	Facility	Section OIC Approval Signature	Serial No.	
<input type="checkbox"/> REOCCURRING	<input type="checkbox"/> MJS	<input checked="" type="checkbox"/> AREAS		287
<input checked="" type="checkbox"/> NEW	<input type="checkbox"/> 77TH	<input type="checkbox"/> ALL	Admin Section Review Signature:	
<input type="checkbox"/> OTHER (explain below)	<input type="checkbox"/> VJS	<input type="checkbox"/> OTHER (explain):		

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):

Installed a new UPS Battery Back-up

Justification for expenditure (how will the expenditure benefit inmates):

In the event a power surge or a power failure in the building, this installation of a back up battery is critical to ensuring everything is recording continuously. Moreover, it is to ensure that officers at the jail can monitor the inmates that are in custody in live mode. This is a risk management and liability issue.

Reason City resources were not used for expenditure:

ASSI is the approved vendor and installer of the current system at Pacific Jail.

Estimated Cost: \$685.00 Actual Cost: \$685.00 City Approved Vendor: Yes No

List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name	Contact	Phone:	Estimate:
1		- -	
2		- -	
3		- -	

Vendor Selected: ASSI Reason Selected: Price City Vendor Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>Howard Wanner</i>		Serial No.: 26288	Date: 12-13-21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Gary Weston</i>		Serial No.: 47010	Date: 12-13-21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt II B. Valle</i>		Serial No.: 35110	Date: 12-13-21
Required If Over \$40,000	Commanding Officer, SSG:		Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				
Required If Over \$50,000	Commanding Officer, ASB:	Signature:	Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				